



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract Number DTNH22-94-D-27058
Case Number DSI-95-SP-025

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: DSI-95-SP-025

This two-vehicle collision occurred on 1995, a winter weekend, in an intersection of two urban roadways in . The impact occurred when Vehicle 2 entered the intersection, from a controlled leg of the intersection (red light), into the path of Vehicle 1. Vehicle 2 struck Vehicle 1 in an angle configuration.

Vehicle 1, a 1994 Plymouth Voyager, was being driven westbound by a 32 year old male driver. Vehicle 1 was traveling at a speed estimated to have been between 40 and 48 KPH (25 and 30 MPH).

Vehicle 2, a 1992 Mercury Sable, was being driven northbound and reportedly entered the intersection on a red traffic signal. Vehicle 2 was traveling at a speed estimated as between 48 and 56 KPH (30 and 35 MPH).

This two-vehicle collision occurred when the driver of Vehicle 2 entered the intersection on a red traffic signal, into the path of Vehicle 1. Vehicle 2 struck the left side of Vehicle 1 with its frontal plane. Vehicle 1 rotated to its final rest position in the northwest corner of the intersection. Vehicle 2 continued through the intersection on to private property on the northwest corner, striking a building with its front end. Vehicle 2's final rest position was with the left side of the vehicle against the building, facing north.

The Delta V for Vehicle 1 for this impact was computed, using OLDMISS PC, as 12 KPH (7 MPH). Vehicle 1 was assigned a CDC of 09LZEW2. The estimated Delta V for Vehicle 2 was 13 KPH (8 MPH).

The impact on the left side of Vehicle 1 applied force on the latching mechanism of the rear liftgate. In doing so, the latch was damaged and released from the striker, in turn the liftgate opened. A child stroller that was in the rear cargo area came out of the vehicle during the counterclockwise rotation to final rest. There were no occupant ejections from Vehicle 1. All occupants were using the available safety restraints and remained in their seating positions during the collision.

The vehicles were towed from the collision scene due to the damage sustained from this collision.

This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation. The opinions, findings, and recommendations contained herein are those of the authors, and do not necessarily represent those of NHTSA.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-95-SP-025

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ACCIDENT DATA:

Location:
Area/Type: Urban / Commercial
Date/Time: Winter / Weekend
Accident Type: Van/Car - Angle - Intersection

INJURY SEVERITY:

Vehicle 1: Driver, AIS-1
R/F Occupant, AIS-1
R/R Occupant (2nd seat), AIS-1
C/R Occupant (3rd seat), AIS-1

Vehicle 2: Driver, Reportedly sustained unknown injuries

AMBIENCE:

Viewing Conditions: No viewing restriction
Cloud Cover: Clear
Precipitation: None
Temperature: 10 to 13° C
(50 to 55° F)
Road Surface: Dry

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	3-lane east/west roadway undivided, 2-lane westbound, 1-lane eastbound	2-lane north/south roadway undivided, 1-lane in each direction
Width:	17.6 m (57.9 ft)	16.2 m (53.0 ft)
Traffic Density:	Light to Moderate	Light to Moderate
Median:	None	None
Edge:	Concrete curbs	Concrete curbs
Surface:	Asphalt	Asphalt
Reported Defects:	None	None
Co-efficient of Friction (est.):	.75 dry	.75 dry
Vertical Alignment:	Level	Level
Horizontal Alignment:	Straight	Straight

Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	On-color traffic signal, red, yellow and green	On-color traffic signal, red, yellow and green
Signs:	None	None
Speed Limit:	40 KPH (25 MPH)	40 KPH (25 MPH)
Markings:	Single solid white painted line separating the westbound travel lanes. Double solid yellow painted lines separating the westbound travel lanes from the eastbound travel lane.	Double solid yellow painted lines separating the northbound travel lane from the southbound travel lane. Single solid lines on the roadway edges (east and west) to indicate parallel parking spaces.

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1994 Plymouth Voyager (minivan)	1992 Mercury Sable, 4-door (<i>owner refused vehicle inspection</i>)
Odometer:	15,757 km (9,791 mi)	Unknown, not inspected
Engine:	3.0 L / V6	3.0 L / V6 per V.I.N.
Vehicle Modifications:	None	Unknown, not inspected
Tire Condition:	All tires were 8/32 tread depth	Unknown, not inspected
Manual Restraints:	Lap and shoulder restraints at the front seating positions, the two second seating positions, and the right and left third seating positions. Lap restraints at the center third seating position.	Active belts, per V.I.N.
Automatic Restraints:	Supplemental Restraint System (SRS) - air bag at the left front seating position (driver's side).	Supplemental Restraint System (SRS) - air bag, per V.I.N.
Reported Defects:	None	Unknown, not inspected
Cargo:	Child stroller	Unknown, not inspected
Windshield Damage:	None	Unknown, not inspected
Fleet:	None	None
Tow Status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	09LZEW2	Not Inspected (owner refused vehicle inspection)
Maximum Crush:	18 cm (7.1 in) located 16 cm (6.3 in) forward of C ₃	Not Inspected

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed:	40 - 48 KPH (25 - 30 MPH)	48 - 56 KPH (30 - 35 MPH)
Total Delta V:	12 KPH (7 MPH)	13 KPH (8 MPH)
Longitudinal Delta V:	-1 KPH (-1 MPH)	-13 KPH (-8 MPH)
Lateral Delta V:	12 KPH (7 MPH)	-1 KPH (-1 MPH)
Energy Dissipation:	10,650.4 joules (7,856.1 ft-lbs)	11,467.2 joules (8,458.6 ft-lbs)

Calculations based upon:

Only Vehicle 1 was inspected and damage crush profile measured. The OLDMISS PC (missing vehicle algorithm) was utilized to compute the Delta V results for both Vehicles 1 and 2. The OLDMISS PC program generates results based on estimations of the size and stiffness of the non-inspected vehicles.

COLLISION SEQUENCE:

PRE-CRASH:

This two-vehicle collision occurred on a winter weekend, in an intersection of two urban roadways in . The impact occurred when Vehicle 2 entered the intersection, reportedly on a red traffic signal, into the path of Vehicle 1. Vehicle 1 was traveling westbound through the intersection at the time of the collision. Vehicle 2 struck Vehicle 1 in an angle configuration in the intersection.

Vehicle 1, a 1992 Plymouth Voyager (minivan), was being driven westbound by a 32 year old male driver. The driver was restrained by the available 3-point manual lap and shoulder restraint. The vehicle also had a supplemental restraint system (driver's side air bag) that did not deploy as a result of the side impact. In the vehicle's right front seating position, was a 30 year old female who was restrained by the available 3-point manual lap and shoulder restraint. There were two other occupants in the vehicle. One of the other occupants in Vehicle 1 was located in the right side of the second seat. This was a 1 year old female who was seated in a child safety seat that was restrained by the available 3-point manual lap and shoulder restraint. The other occupant was seated in the center of the third seat. This was a 3 year old male who was restrained by the available 2-point lap restraint. Vehicle 1 was traveling at a speed estimated to have been between 40 and 48 kilometers per hour (25 and 30 MPH).

Vehicle 2, a 1992 Mercury Sable, was being driven northbound, crossing through the intersection on a red traffic signal. The driver was a 28 year old female. Vehicle 2 was traveling at a speed estimated as between 48 and 56 kilometers per hour (30 and 35 MPH).

This two-vehicle collision occurred when the driver of Vehicle 2 was entering the intersection, into the path of Vehicle 1. Vehicle 2 struck the left side of Vehicle 1 with its frontal plane.

CRASH:

The Delta V for Vehicle 1 for this impact was computed as 12 kilometers per hour (7 MPH). Vehicle 1 was assigned a Collision Deformation Classification (CDC) of 09LZEW2 and a Principle Direction of Force (PDOF) of 275 degrees. The combined direct and induced damage width was 195.0 centimeters (76.8 in), and the maximum crush depth was 18.0 centimeters (7.1 in) located 16.0 centimeters (6.3 in) forward of C₃. Only Vehicle 1 was inspected and damage crush profile measured. The OLDMISS PC (missing vehicle algorithm) was utilized to compute the Delta V results for both Vehicles 1 and 2. The OLDMISS PC program generates results based on estimations of the size and stiffness of the non-inspected vehicle. The Delta V appears low when viewing the left side damage of Vehicle 1; however, the OLDMISS PC program only uses the crush profile of the left side to estimate the Delta V. Furthermore, the initial impact to the left rear wheel area (frame level) could have contributed to the release of Vehicle 1's rear liftgate latch from the striker.

The estimated Delta V for Vehicle 2 was computed as 13 kilometers per hour (8 MPH). Vehicle 2 was not inspected (owner refused vehicle inspection).

POST CRASH:

After impact, Vehicle 1 rotated counterclockwise, and traveled to its final rest position in the northwest corner of the intersection. At final rest, Vehicle 1 was facing northeast. Vehicle 2 continued through the intersection on to private property on the northwest corner of the intersection. Vehicle 2 impacted a building with its front end, then rotated clockwise. Vehicle 2 came to a final rest with the left side of the vehicle against the building, facing north.

SUPPLEMENTAL RESTRAINT SYSTEM:

Vehicle 1, a 1994 Plymouth Voyager, was equipped with a Supplemental Restraint System (driver's side airbag) that did not deploy as a result of the left side impact with the front end of the 1992 Mercury Sable.

At Vehicle 1's inspection, the SRS light on the instrument panel was visually inspected, and it was still functioning properly.

Vehicle 2, a 1992 Mercury Sable, was equipped with a Supplemental Restraint System (driver's side airbag). After viewing police photographs that are part of the Police Accident Report (appendix B), it appears that the airbag could have deployed during the collision sequence. The supplemental restraint system could have deployed on one of two impacts; (1) the impact with Vehicle 1 or (2) the impact with the brick building, both of these impacts were to the front end of the Vehicle 2. It is unknown which impact had a high enough Delta V for the deployment of the system.

SCENE CLEARANCE:

The driver and the other three occupants of Vehicle 1 sustained minor injuries in the collision. All of the occupants were transported to an area hospital. They were treated for their injuries and released.

The driver of Vehicle 2 reportedly sustained unknown injuries. The driver was transported to an area hospital for treatment.

Both vehicles were towed from the collision scene due to the damage sustained from this collision.

LATCH / REAR LIFTGATE:

Vehicle 1 was struck on the left side by the front end of Vehicle 2. The impact angle was approximately 90 degrees. Vehicle 1 sustained moderate damage extending from the left rear corner to an area just behind the left front door. The left rear wheel/tire was broken off from the rear axle. The glass in the left front door and the second seat location disintegrated. The two locking pins for the liftgate were slightly damaged on the right side of each pin (photos #67-

70). The latch of the liftgate was deformed to the right (photos #59-63). Upon examination of the two top hinges, it appeared that they had no movement during the impact. The right rear tire was flattened, presumably from lateral loading during post-impact rotation.

There was no direct contact with the liftgate. The liftgate opened as a result of lateral loading movement at frame level from left to right, which is consistent with the 275 degree direction of force. The 275 degree direction of force is the force which acted upon the latching mechanism on the liftgate during the collision. As mentioned above, the top hinges of the liftgate apparently did not move during the collision. This could suggest that the body of the van, at frame level, moved laterally and placed force on the latch. Consequently, the latching mechanism was deformed causing the liftgate to open.

Furthermore, it appeared once the latch was forced from the striker the hydraulic arms, located on each side of the liftgate, moved the door in an upward movement as the vehicle was rotating to final rest. It is presumed that the two arms are for assisting a normal opening of the liftgate; however, in this circumstance it appeared that this hydraulic assistance was detrimental.

SAFETY STANDARDS:

The following safety standard apply to this collision based on the following information under Title 49:

Title 49, Charter V (10-1-93 Edition), subsection 571.214 Standard No. 214; Side impact protection.

S5. Dynamic performance requirements.

S5.3 Door opening.

S5.3.2 Any door (including a rear hatchback or tailgate), which is not struck by the moving deformable barrier, shall meet the following requirements:

S5.3.2.1 The door shall not disengage from the latched position;

S5.3.2.2 The latch shall not separate from the striker, and the hinge components shall not separate from each other or from their attachment to the vehicle.

S5.3.2.3 Neither the latch nor the hinge systems of the door shall pull out of their anchorages.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER	OCCUPANT 2
Age/Sex:	32 Yrs. / Male	30 Yrs. / Female
Seated Position:	Right Front	Left Front
Seat Type:	Bucket Seat	Bucket Seat
Height:	173 cm (68 in)	165 cm (65 in)
Weight:	98 kg (215 lbs)	73 kg (160 lbs)
Occupation:	Unknown	Unknown
Pre-existing Medical Condition:	None	None
Alcohol/Drug Involvement:	None	None
Driving Experience:	16 years	N/A
Body Posture:	Upright	Upright
Hand Position:	Both hands on the steering wheel, unknown location	Unknown
Foot Position:	Left on floor and right on accel. pedal	Both on floor
Restraint Usage:	3-point manual lap and shoulder restraint and Supplemental Restraint System (driver side's air bag), the SRS did not deploy on this impact	3-point manual lap and shoulder restraint
Additional Occupants:	Three	

DRIVER AND OTHER OCCUPANTS (Con't):

VEHICLE 1

	OCCUPANT 3	OCCUPANT 4
Age/Sex:	1 Yrs. / Female	3 Yrs. / Male
Seated Position:	Right Second Seat	Center Third Seat
Seat Type:	Bench Seat (two seat positions)	Bench Seat (three seat positions)
Height:	79 cm (31 in)	109 cm (43 in.)
Weight:	11 kg (25 lbs)	18 kg (40 lbs)
Occupation:	Minor child	Minor child
Pre-existing Medical Condition:	None	None
Body Posture:	Seated in a child safety seat	Upright
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	Child safety seat and the seat was restrained by the available 3-point manual lap and shoulder restraint	2-point manual lap restraint
Additional Occupants:		None

DRIVER AND OTHER OCCUPANTS (Con't):

VEHICLE 2

DRIVER

Age/Sex:	28 Yrs. / Female
Seated Position:	Left Front
Seat Type:	Unknown
Height:	Unknown
Weight:	Unknown
Occupation:	Unknown
Pre-existing Medical Condition:	Unknown
Alcohol/Drug Involvement:	None
Driving Experience:	Unknown
Body Posture:	Unknown
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Unknown
Additional Occupants:	None

INJURIES:

Vehicle 1

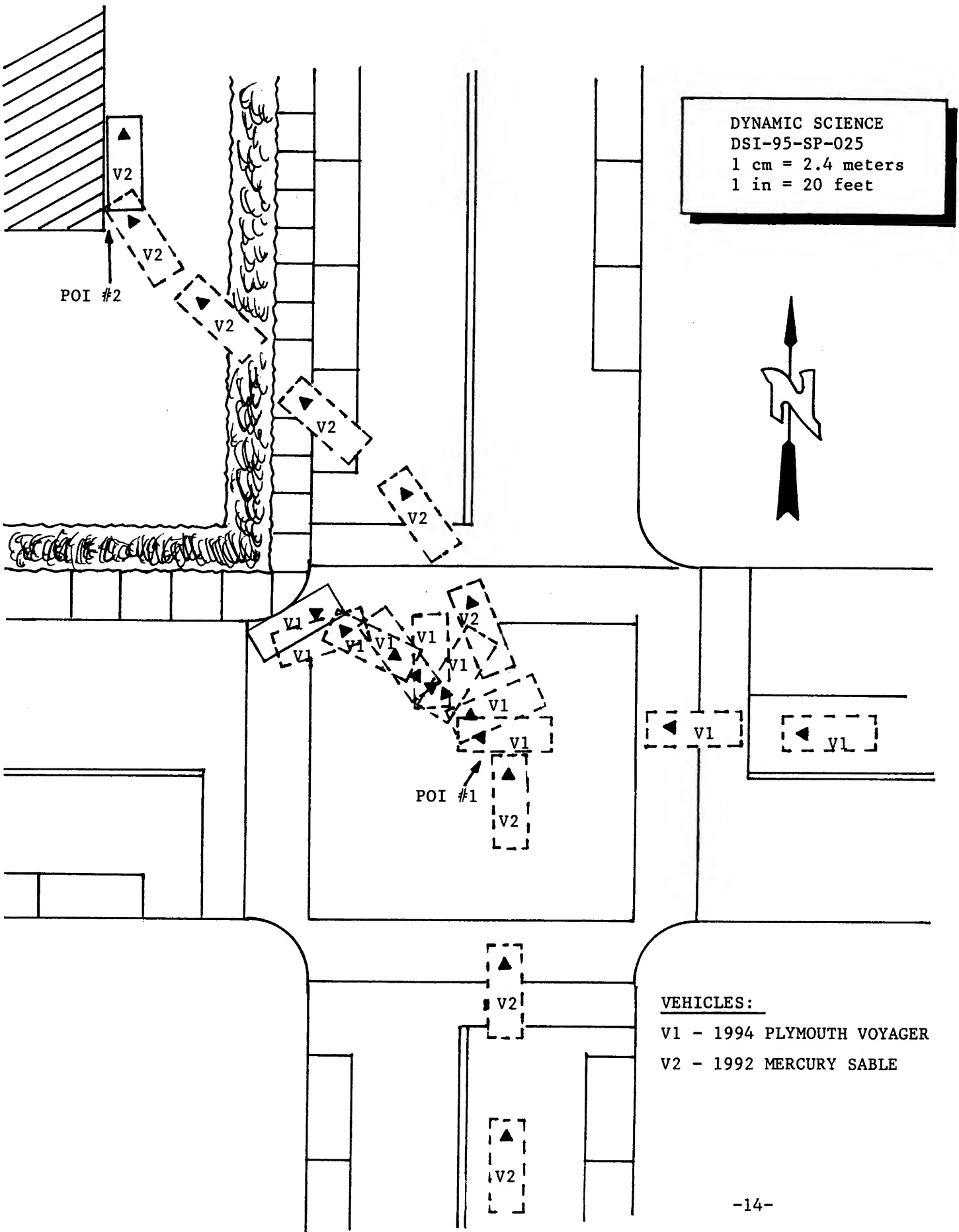
	INJURY	AIS/OIC CODE	ICD-9	SOURCE
DRIVER	Laceration, left elbow	790600.1,2	881.01	Flying glass
	Strain, neck	640278.1,6	847.0	Impact force
	Strain, back, whole	640478.1,7	847.1	Impact force
		640678.1,8	847.2	
R/F OCCUPANT	Contusion, both knees	890402.1,1	924.11	Instrument panel
		890402.1,2	924.11	
	Strain, lower back	640678.1,8	847.2	Impact force
R/R OCCUPANT (2nd Seat)	Contusion, left side of neck	390402.1,2	920	Child seat's harness
C/R OCCUPANT (3rd Seat)	Contusions, left and right pelvic areas	590402.1,1	922.2	Lap restraint
		590402.1,2	922.2	

Vehicle 2

DRIVER	Reportedly sustained unknown injuries
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Abbreviations Used In Narrative, Scene And Photographic Documentation

ft.	Feet
in.	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound



COLLISION MEASUREMENTS

Case Number DSI-95-SP-025

Reference Point: Traffic Signal Light Pole on the Northeast Corner of the Intersection

Reference Line: East Road edge of the North/South Roadway

DATA POINT	LONGITUDINALS	LATERALS
East Leg of the Intersection		
North curb line	S 0.9 m (3.0 ft)	0
1st solid white painted line	S 7.3 m (24.1 ft)	0
Double solid yellow painted lines	S 11.1 m (36.3 ft)	0
South curb line	S 18.6 m (60.9 ft)	0
Stop line	0	E 1.2 m (4.0 ft)
East edge of cross walk	0	W 1.1 m (3.7 ft)
West edge of cross walk and the east road edge (reference line)	0	W 4.2 m (13.9 ft)
North/South Roadway (from reference line)		
Parallel parking space, east side of roadway	0	W 2.2 m (7.2 ft)
Double solid yellow painted lines	0	W 8.2 m (27.0 ft)
East edge of parallel parking space, west side of roadway	0	W 14.0 m (45.8 ft)
West curb line	0	W 16.2 m (53.0 ft)
West Leg of Intersection [offset, south by 2.7 m (9.0 ft) from east leg]		
Double solid yellow painted lines	S 7.5 m (24.5 ft)	0
South curb line	S 14.6 m (47.9 ft)	0
Building location on the northwest corner of the intersection (from NW corner curb lines)		
South edge of building	N 19.3 m (63.2 ft)	0
East edge of building	0	W 10.4 m (34.2 ft)

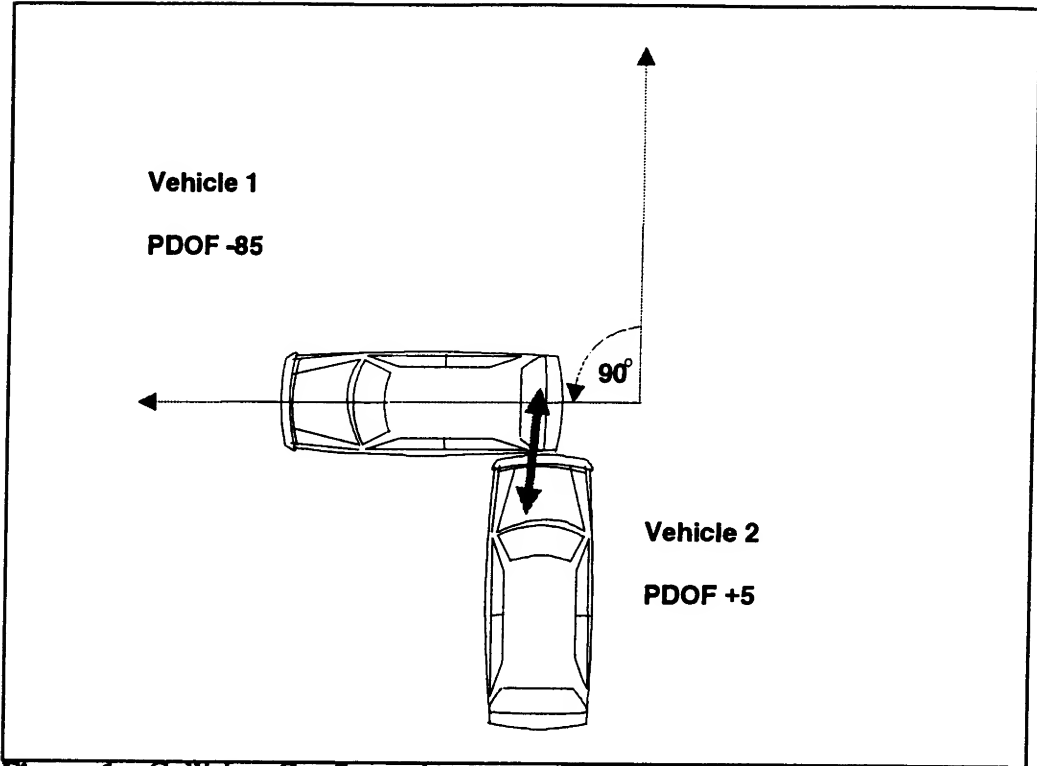


Figure 1. Collision Configuration

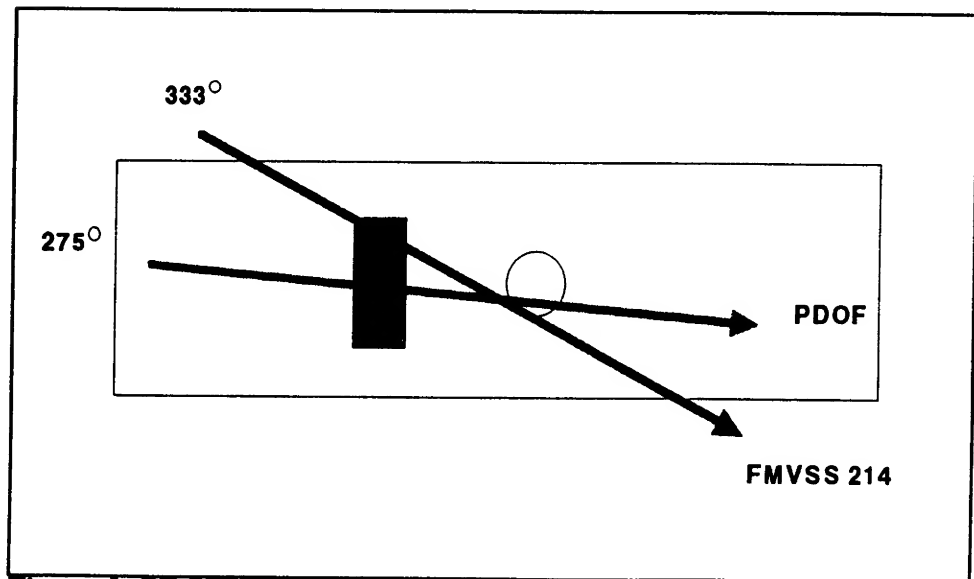
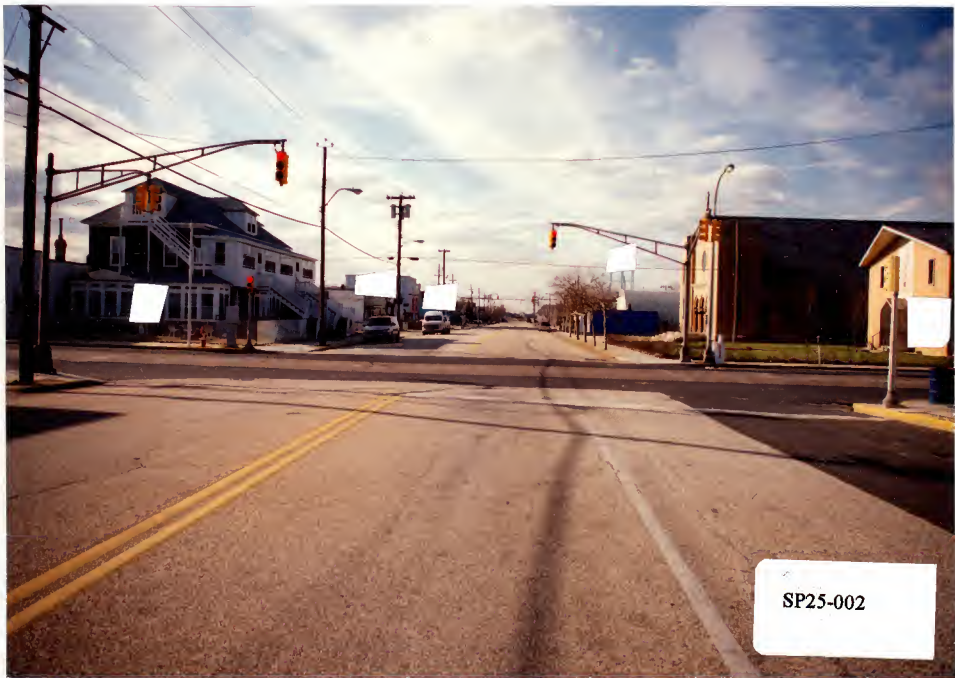
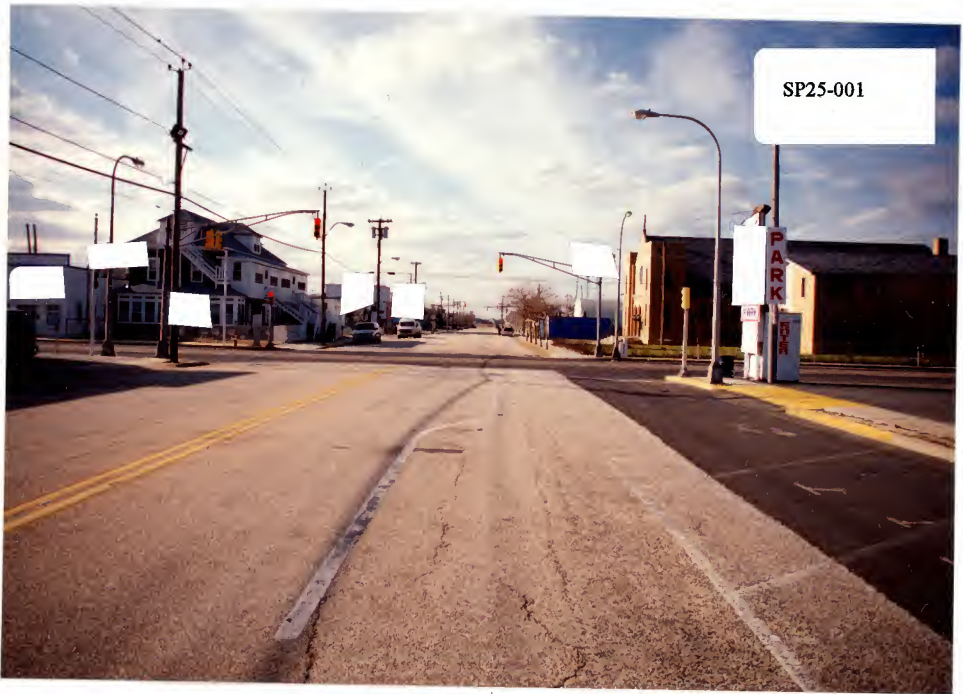


Figure 2. PDOF v. FMVSS Forces Acting on Latch

PHOTO AND SLIDE INDEX

Case Number DSI-95-SP-025

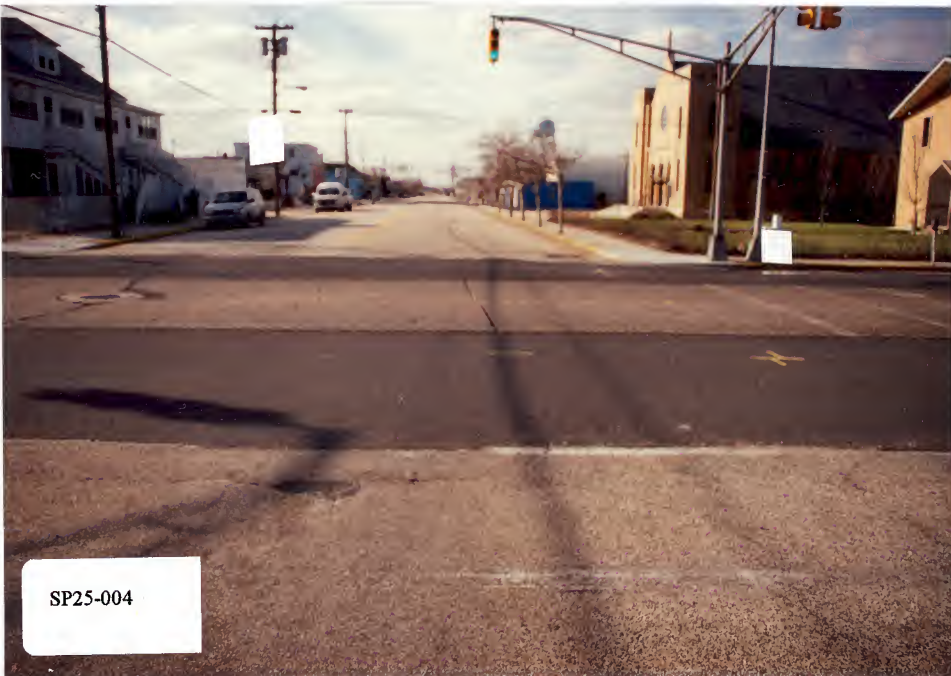
PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-5	V1	West	Travel path, Vehicle 1
6-10	V1	East	Reverse travel path, Vehicle 1
11-20	V2	North	Travel path, Vehicle 2
21-23	V2	South	Reverse travel path, Vehicle 2
24-57	V1	CW	Exterior views, Vehicle 1
58-65	V1	--	Views of the rear liftgate / damage latch , Vehicle 1
66-70	V1	--	Views of the damage rear liftgate sticker, Vehicle 1
71-91	V1	--	Interior views, Vehicle 1
92-93	V1	--	Views of the stroller that was in the cargo area of Vehicle 1



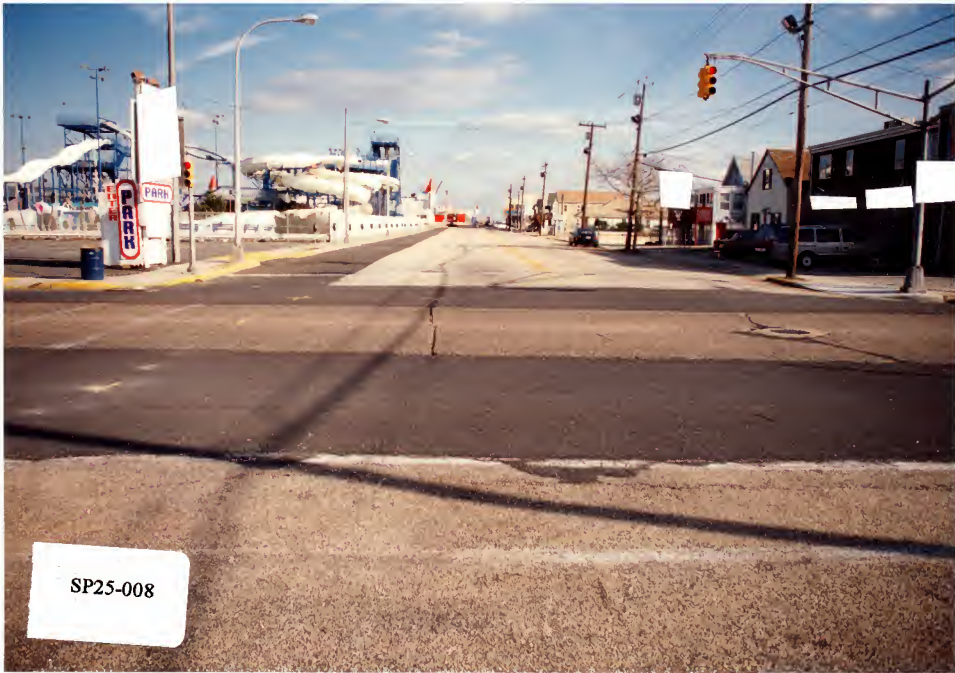
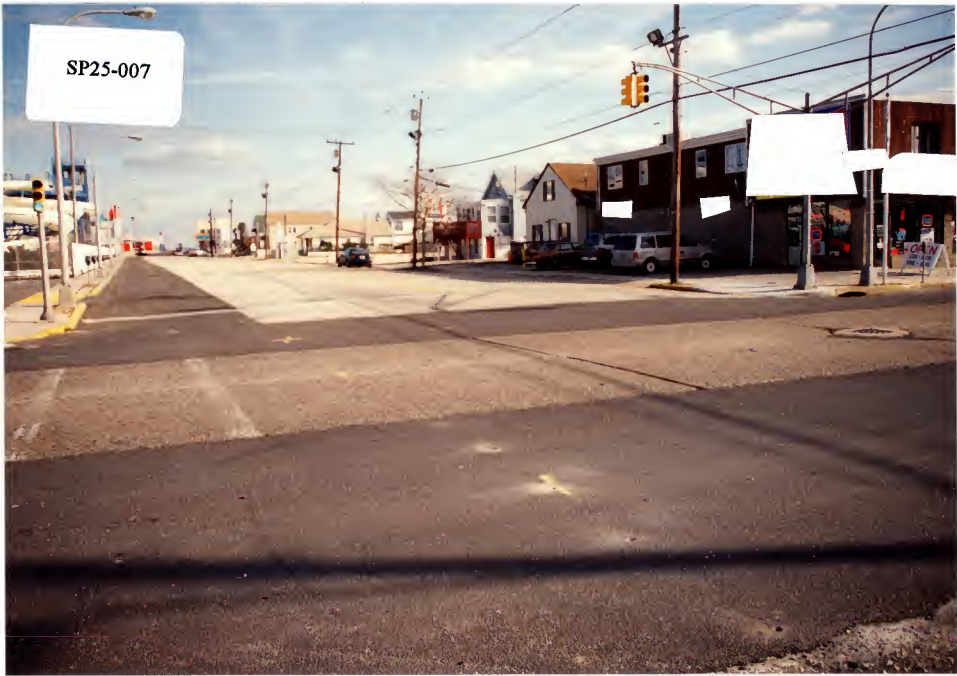
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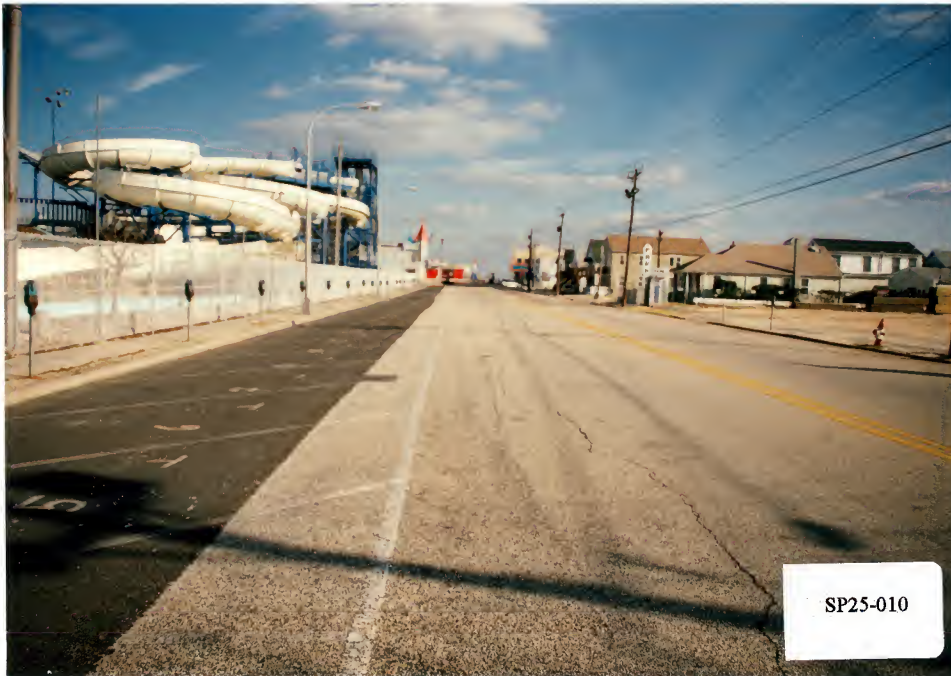
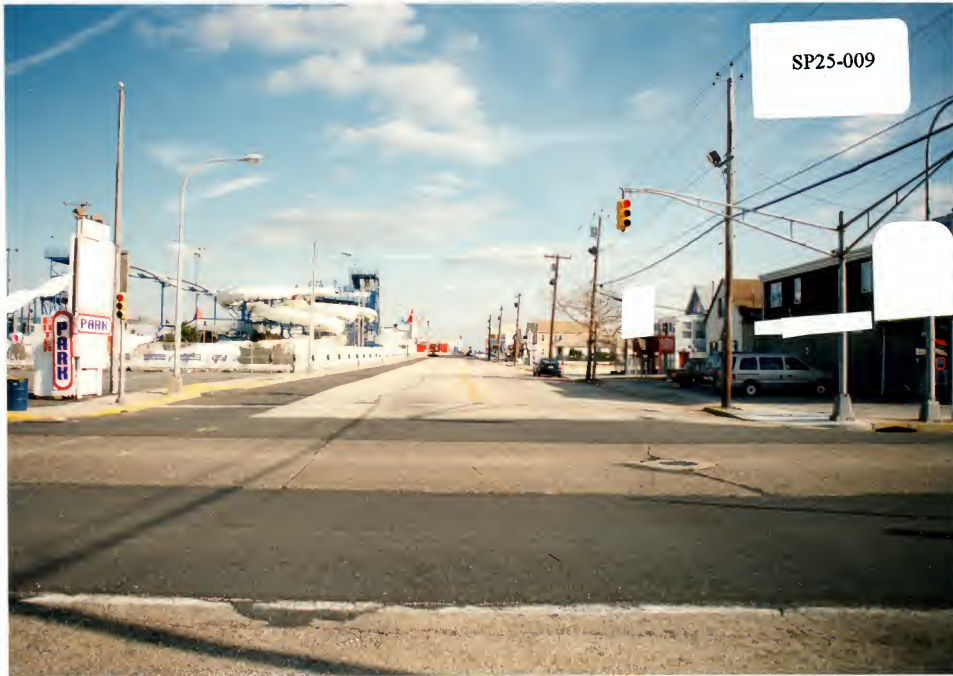


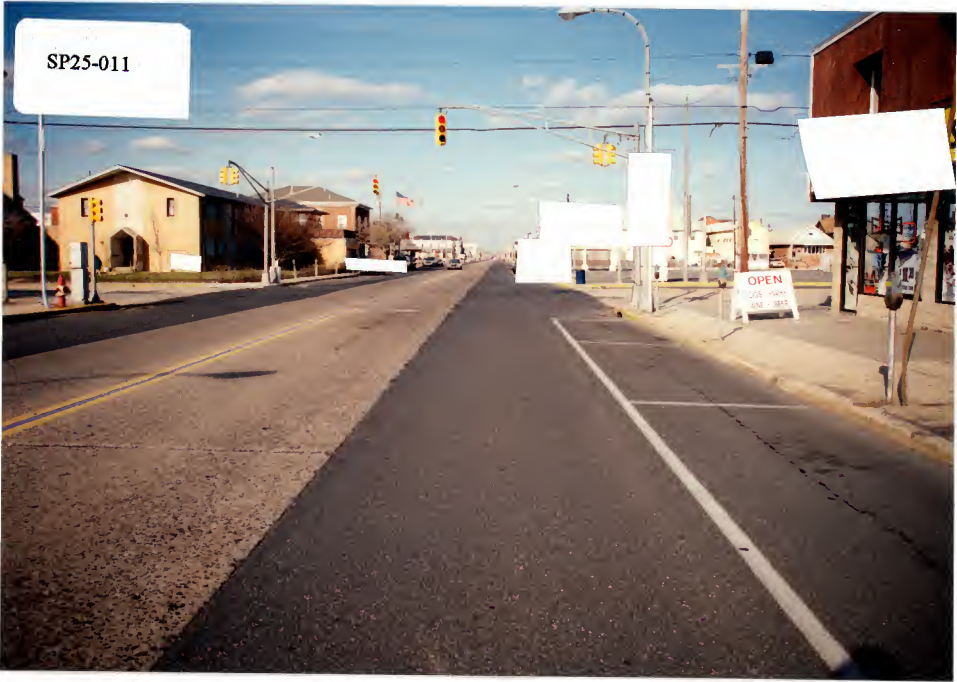
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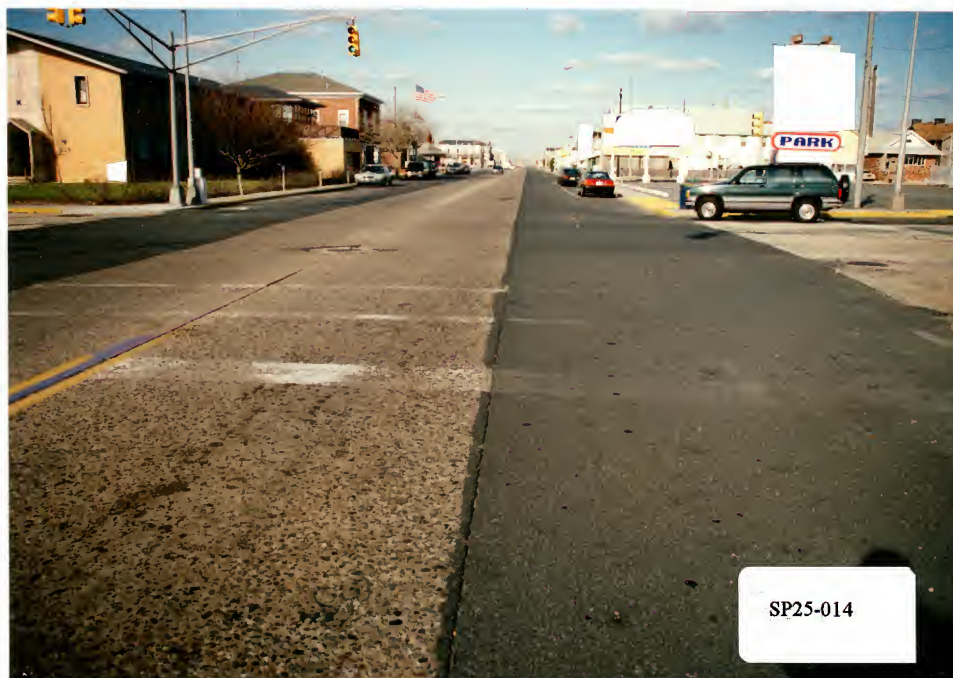
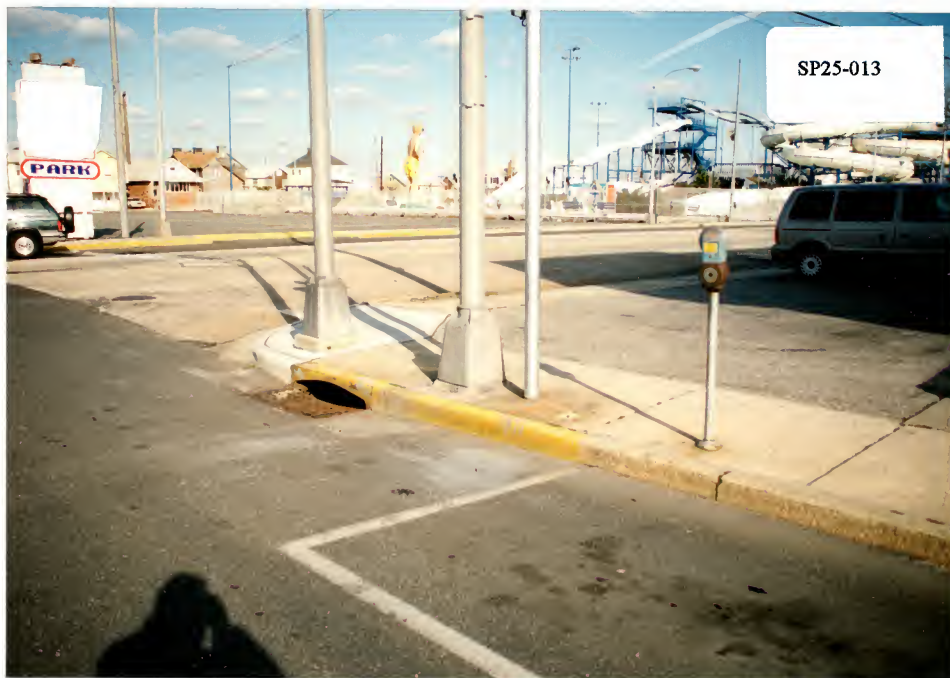


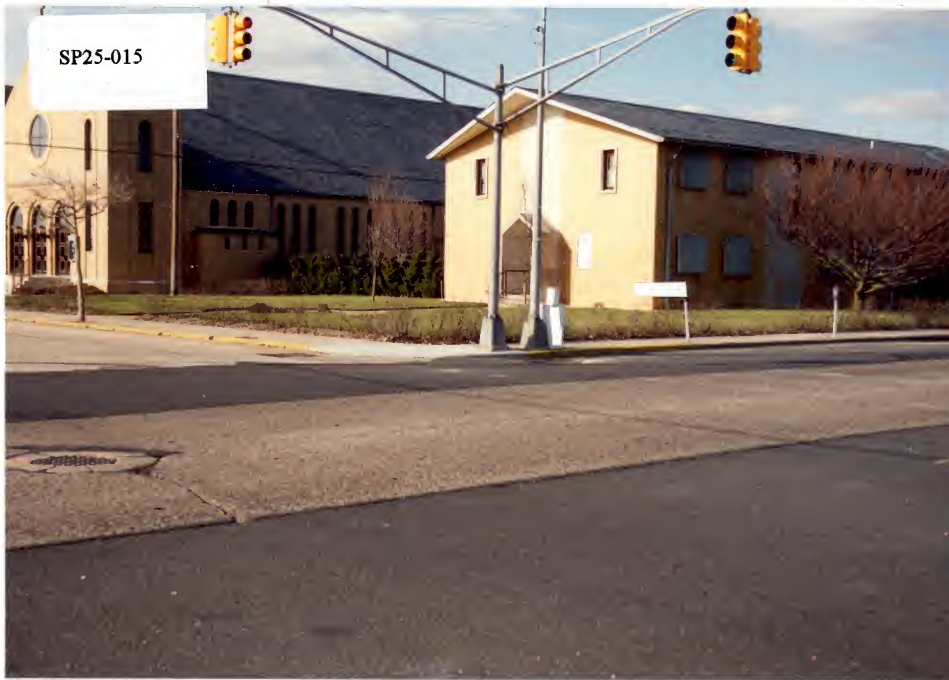


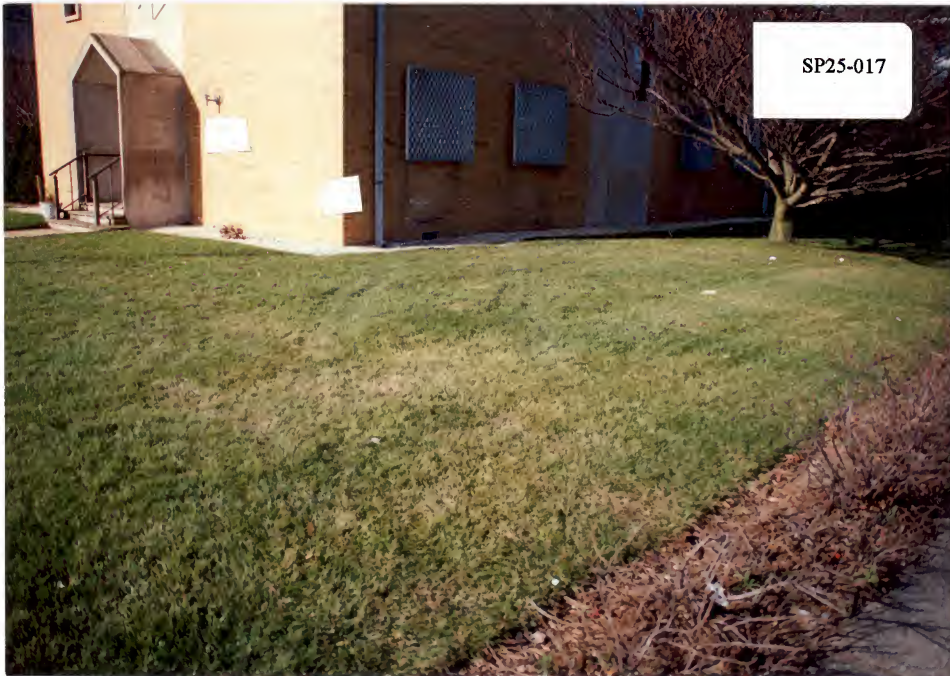








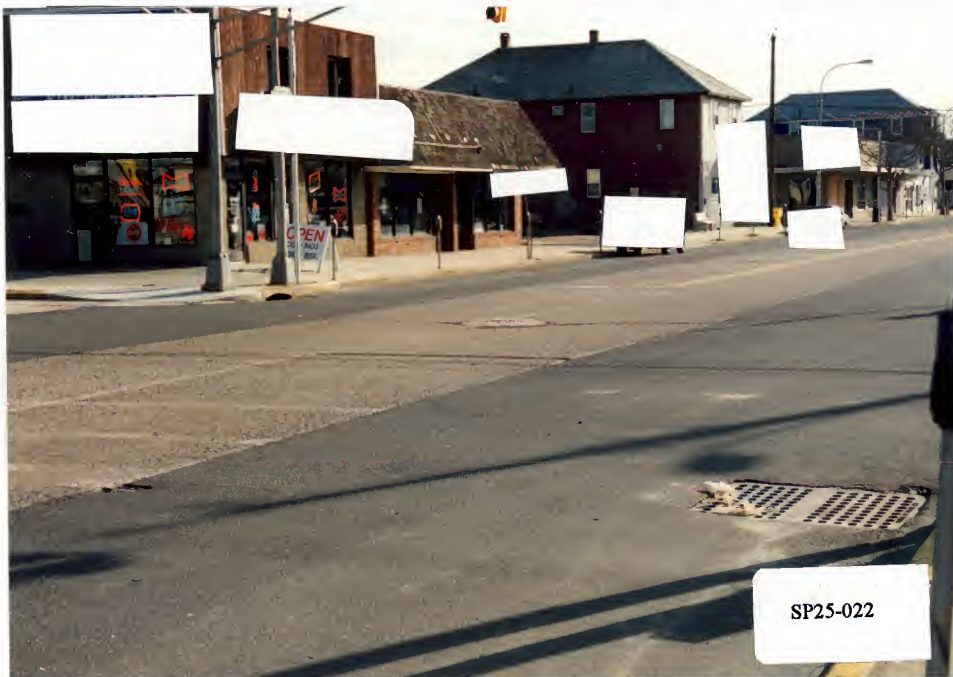




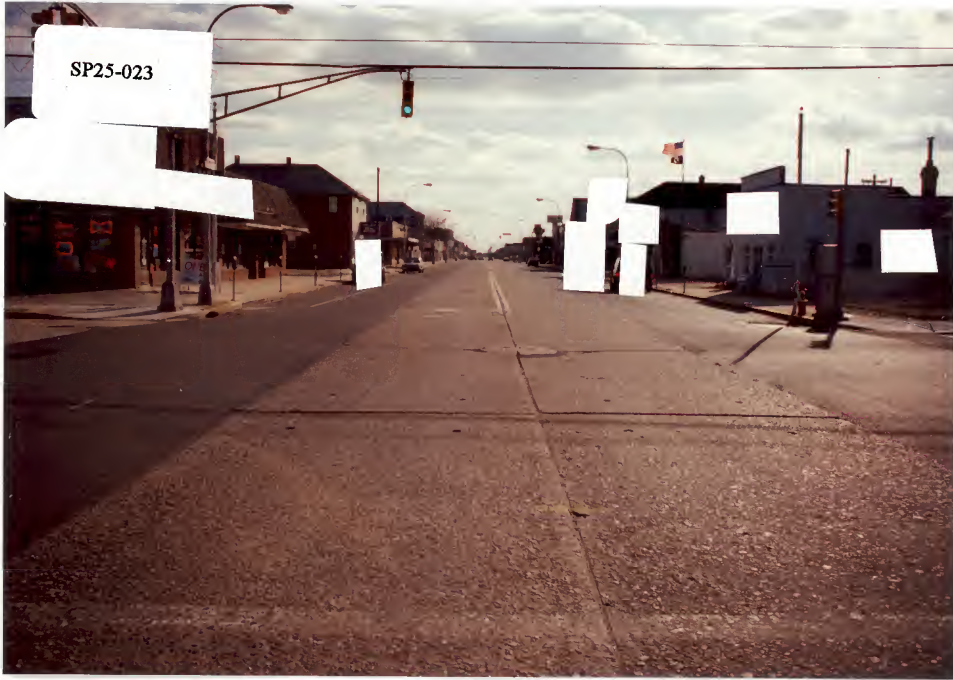




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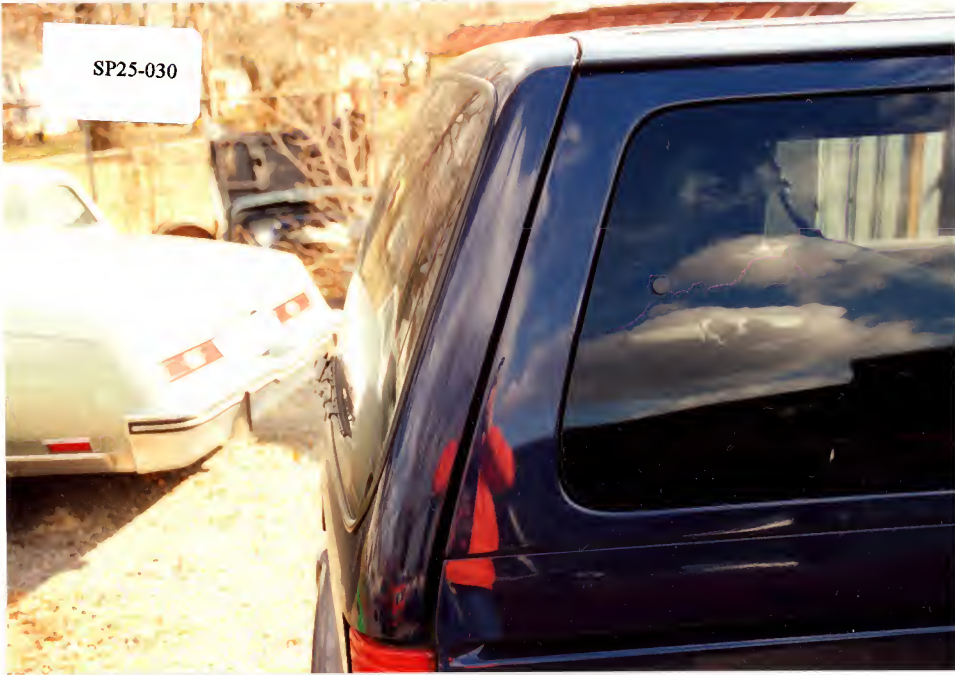


SP25-022













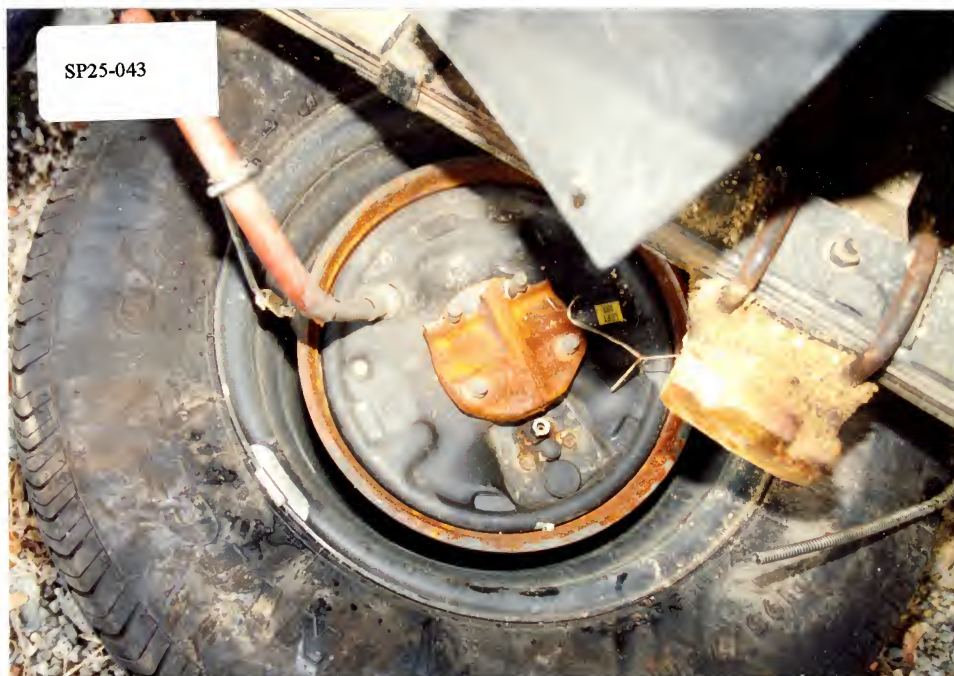
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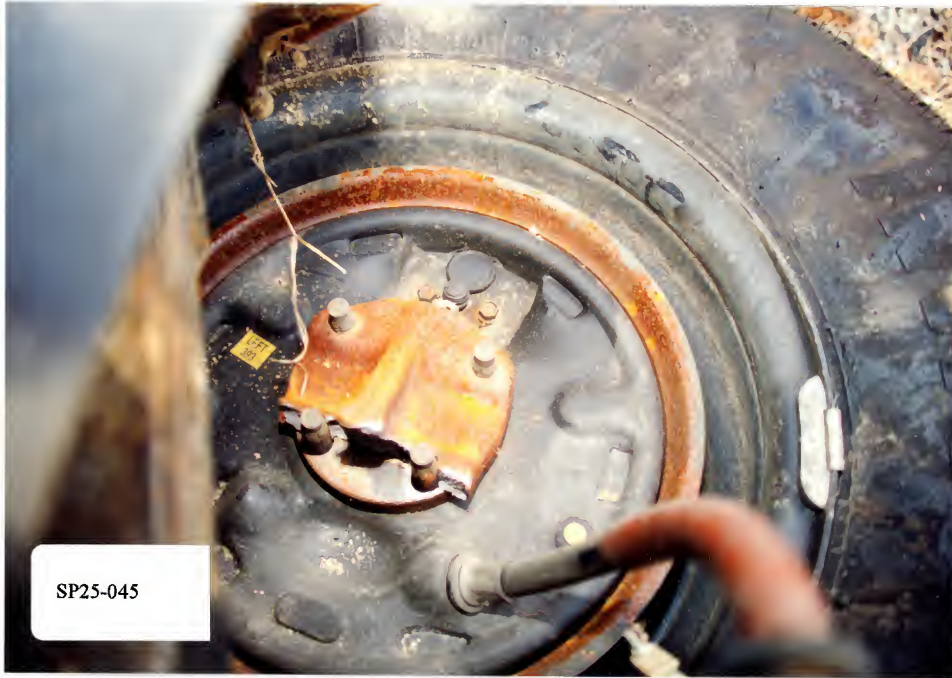












SP25-045

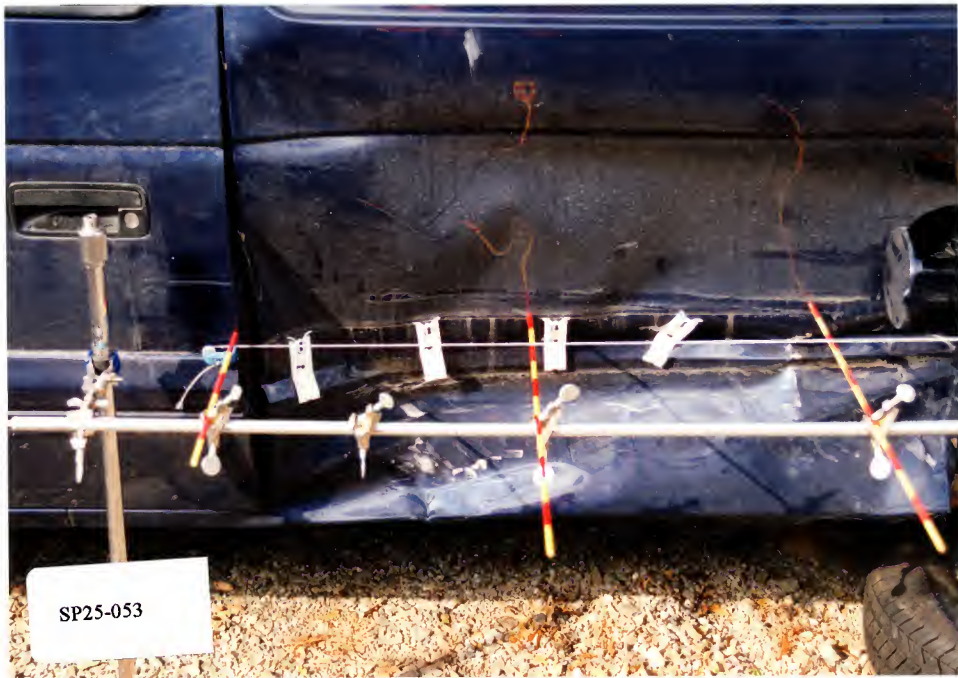


SP25-046













SP25-058

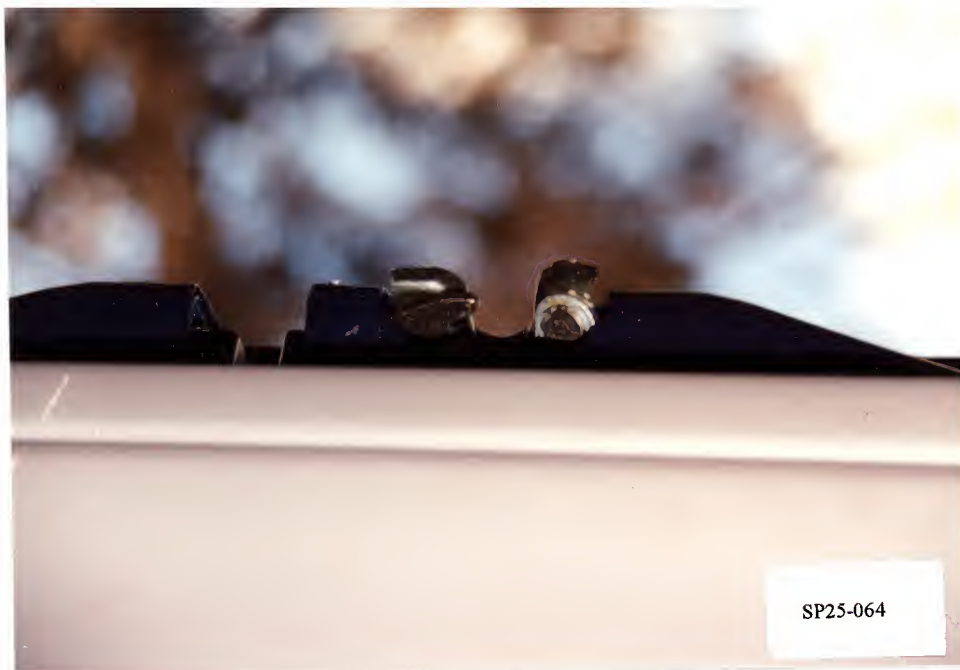


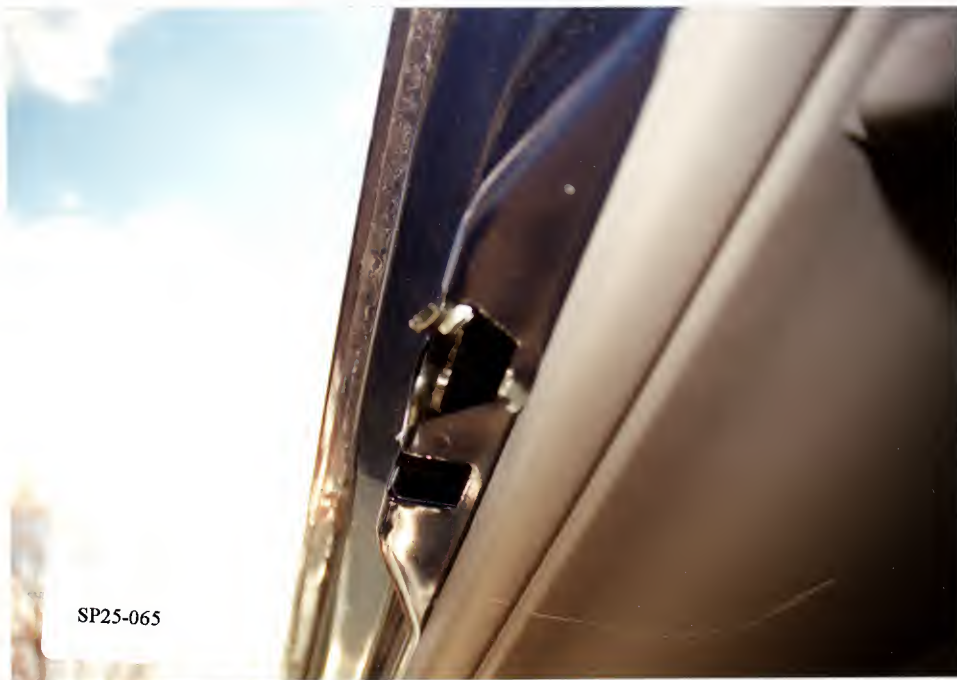


SP25-063

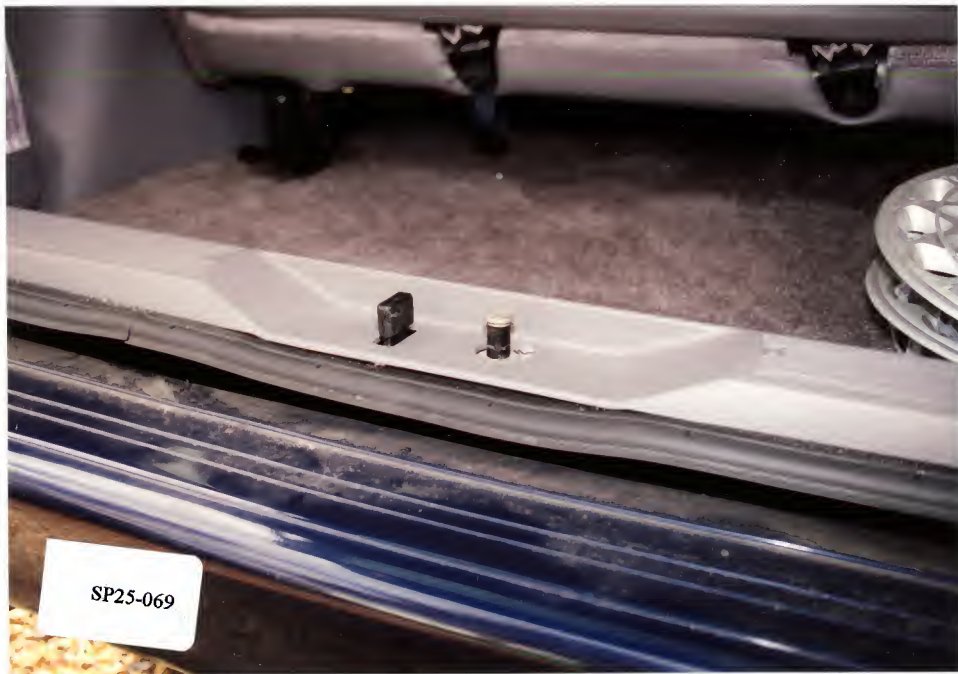


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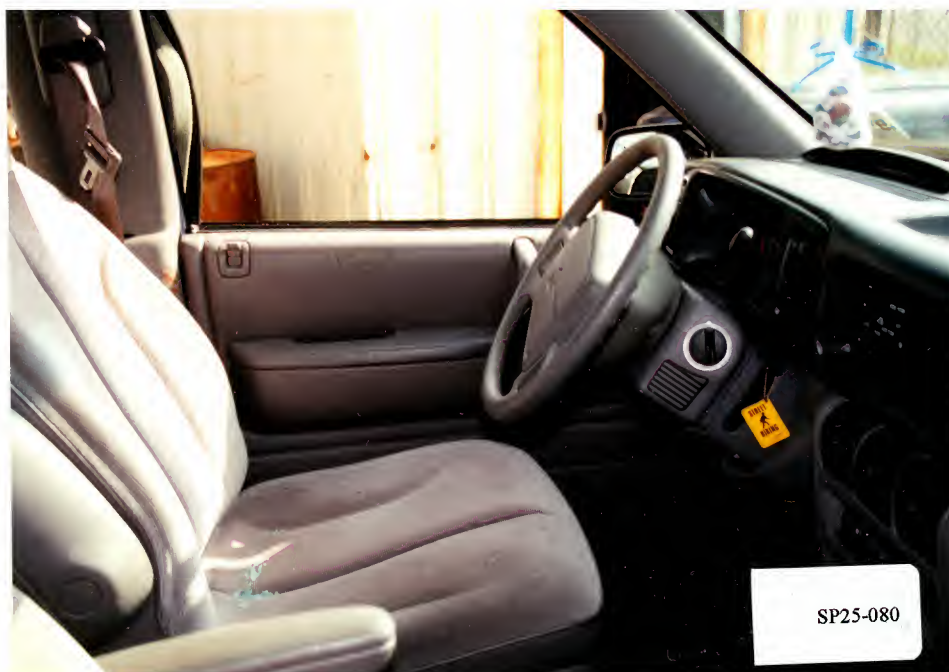


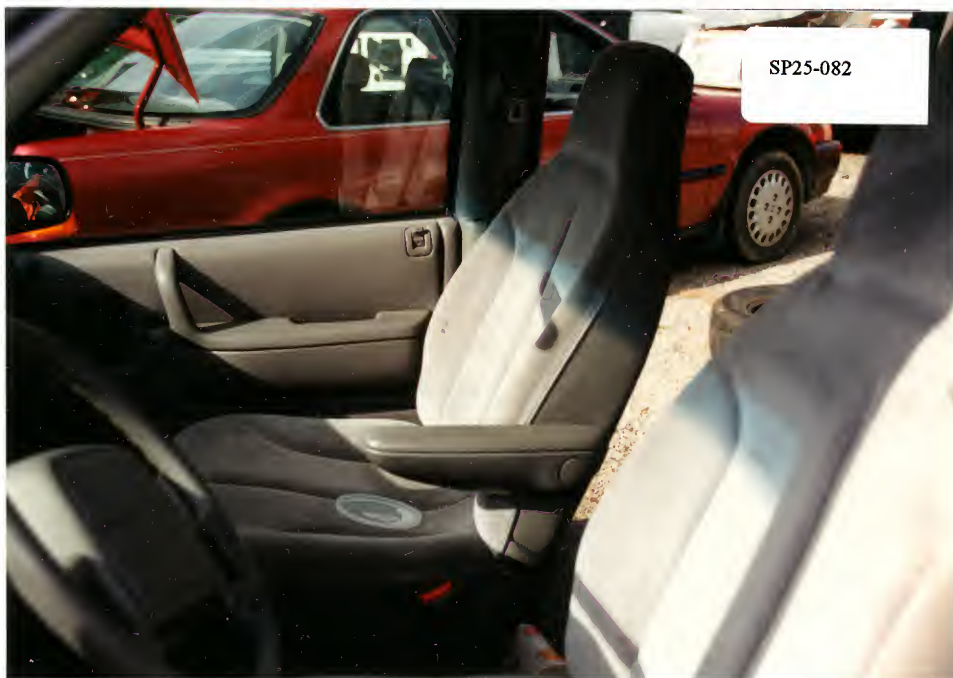
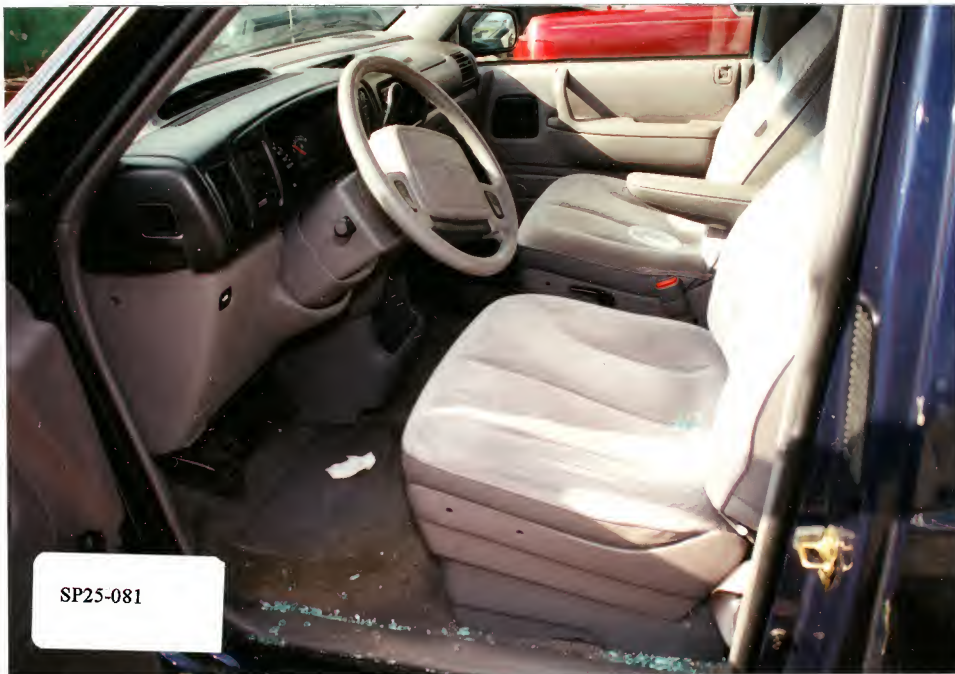




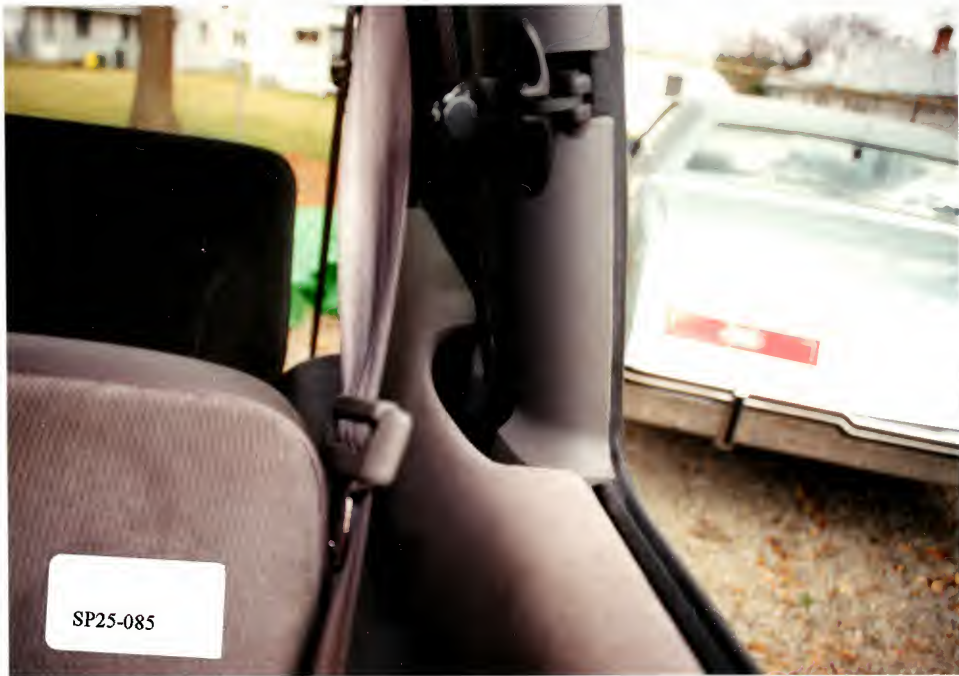






















DS95SP25 #1



DS96SP25 #2



DS95SP25 #3



DS 958P25 #4



D8958P25 #5



DS95SP25 #6



DS95SP25 #7



DS96SP25 #8



DS95SP25 #9



DS95SP25 #10



D895SP25 #11



DS05SP25 #12



DS95SP25 #13



DS95SP25 #14



DS958P25 #15



DS95SP25 #16



DS958P25 #17



D8 95SP25 #18



DS95SP25 #19



DS95SP25 #20



DS95SP25 #21



DS958P25 #22



DS 955P25 #23



DS95SP25 #24



DS95SP25 #25



D8958P25 #26



DS95SP25 #27



DS958P25 #28



DS05SP25 #29



DS 95SP25 #30



DS95SP25 #31



DS95SP25 #32



DS95SP25 #33



DS95SP25 #34



DS95SP25 #35



DS958P25 #36



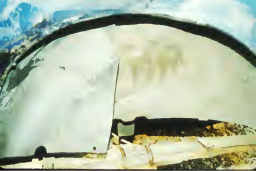
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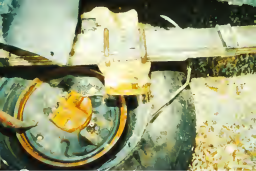
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D8 958P25 #39



DS95SP25 #40



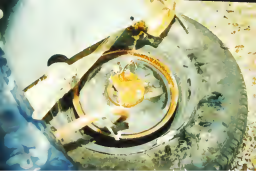
D8 95SP25 #41



DS95SP25 #42



DS95SP25 #43



DS958P25 #44



DS95SP25 #45



DS95SP25 #48



DS958P25 #47



DS95SP25 #48



DS95SP25 #49



DS85SP25 #50



DS958P25 #51



D8958P25 #52



DS95SP25 #53



DS95SP25 #54



D8 95SP25 #55



D8 95SP25 #56



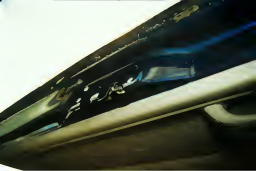
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DS958P25 #58



DS958P25 #59



DS 95SP25 #60



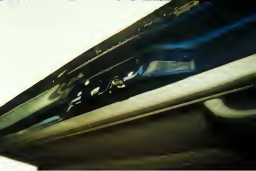
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DS95SP25 #62



DS95SP25 #63



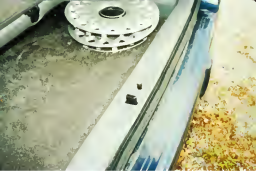
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DS95SP25 #85



DS 95SP25 #68



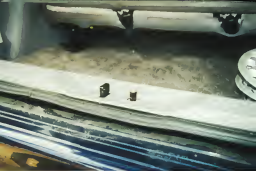
DS 95SP25 #67



DS95SP25 #68



DS95SP25 #69



DS95SP25 #70



DS955P25 #71



D895SP25 #72



D8 958P25 #73



DS956P25 #74



DS95SP25 #75



D895SP25 #76



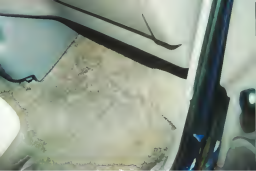
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DS95SP25 #78



DS95SP25 #79



DS95SP25 #80



DS95SP25 #81



DS95SP25 #82



DS958P25 #83



DS95SP25 #84



DS95SP25 #85



DS95SP25 #66



DS 95SP25 #87



DS95SP25 #88



DS95SP25 #89



DS95SP25 #90



DS95SP25 #91



D8958P25 #92



DS95SP25 #93



D8958P25 #94

National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DS1-95-SP-025

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

06

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 2

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 \neq 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 2

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 6 17. RF 0 18. LR 6 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from
impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 9 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(5) Glazing out-of-place by occupant contact and holed by
occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No
Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 2 33. RF 0 34. LR 2 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 2 41. RF 0 42. LR 2 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

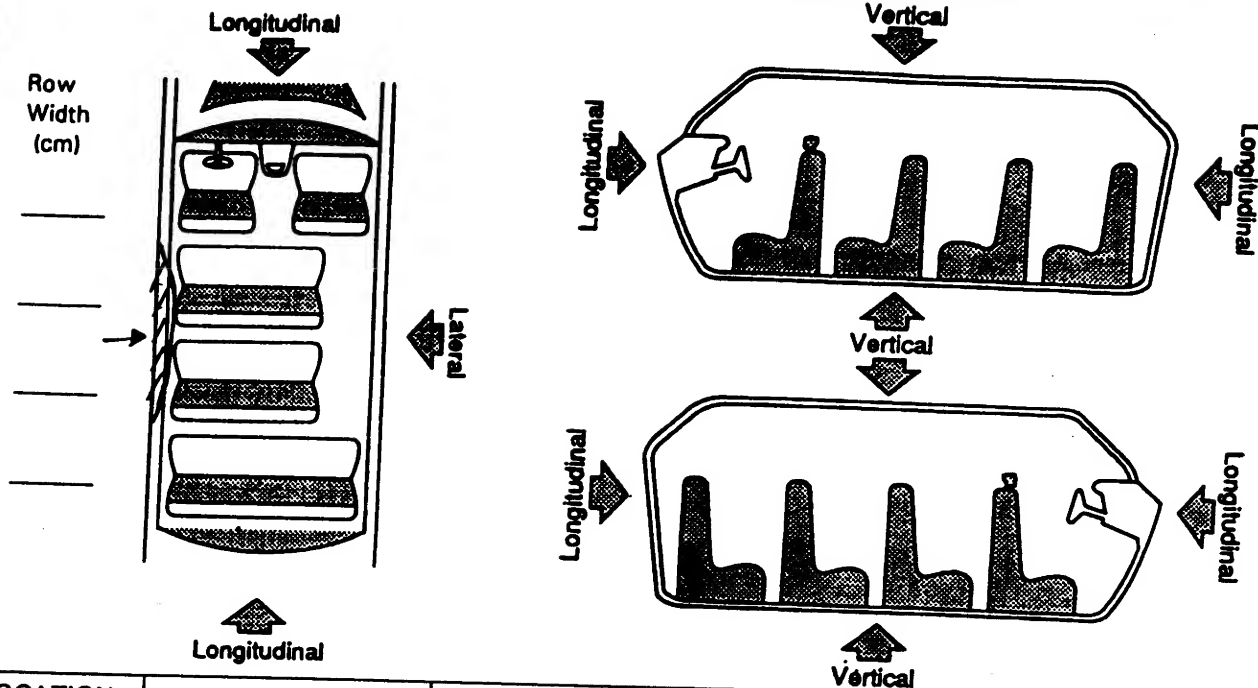
(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
31	SIDE PANEL LOWER PORTION	62.0	55.0	7.0	LAT.
31	SIDE PANEL UPPER PORTION	6.5	9 (OUTSIDE/IN)	2.5	LAT.
31	SIDE PANEL (SIDE COMPARTMENT)	22.0	26.0 (")	4.0	LAT.
21	SIDE PANEL	/	EST.	2.5	LAT.
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>3</u> <u>1</u>	48. <u>2</u> <u>8</u>	49. <u>1</u>	50. <u>3</u>
2nd	51. <u>3</u> <u>1</u>	52. <u>2</u> <u>8</u>	53. <u>1</u>	54. <u>3</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
-----------------------------------------------------------------------------------	---	--	---	--

	—		=	
--	---	-----------------------------------------------------------------------------------	---	--

	—		=	
--	---	--	---	-------------------------------------------------------------------------------------

	—		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation φ φ

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation φ φ

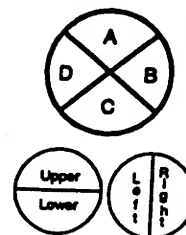
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke

- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown



INSTRUMENT PANEL

94. Odometer Reading φ / 6,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

φ φ 9.791 miles $\times 1.6093 =$ φ 15.757 kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact? φ

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

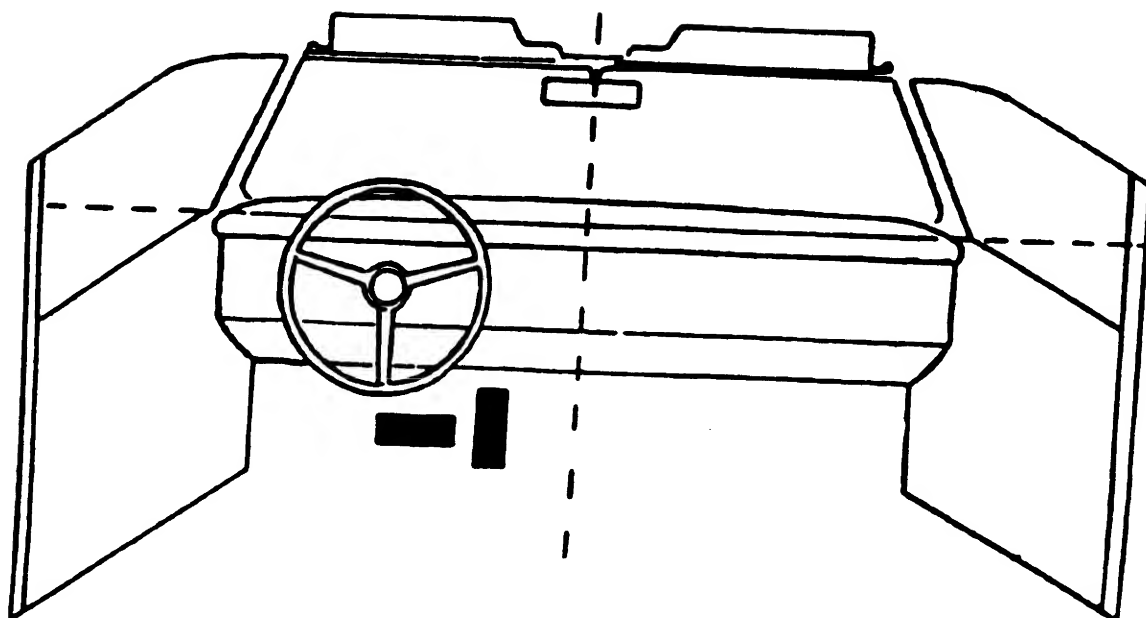
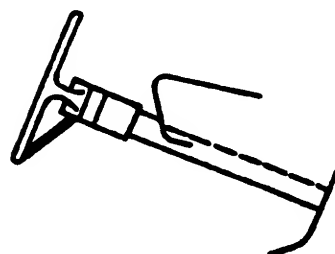
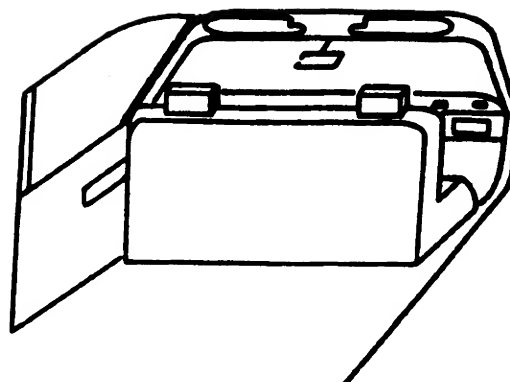
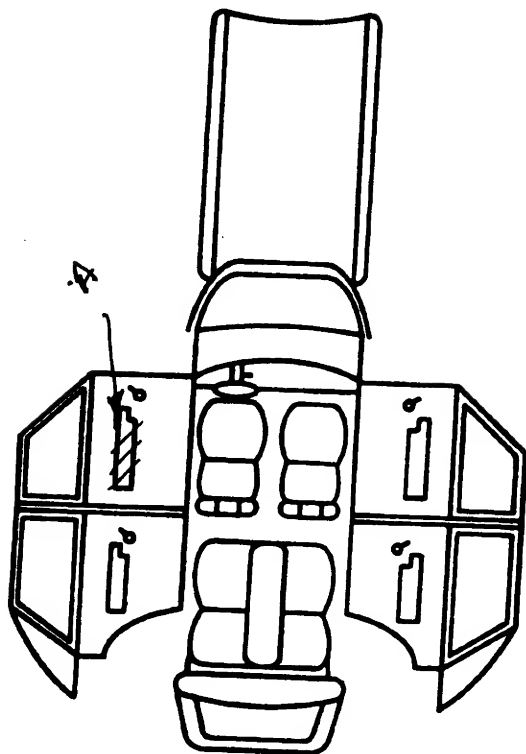
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	21	01	LEFT SIDE	TRANSFER	2
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

(23) Left B-pillar

(24) Other left pillar (specify): _____

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests

(31) Right side hardware or armrest

(32) Right A (A1/A2)-pillar

(33) Right B-pillar

(34) Other right pillar (specify): _____

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

(37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

(40) Seat, back support

(41) Belt restraint webbing/buckle

(42) Belt restraint B-pillar attachment point

(43) Other restraint system component (specify): _____

(44) Head restraint system

(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

(46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

(50) Front header

(51) Rear header

(52) Roof left side rail

(53) Roof right side rail

(54) Roof or convertible top

FLOOR

(56) Floor (including toe pan)

(57) Floor or console mounted transmission lever, including console

(58) Parking brake handle

(59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

(61) Backlight storage rack, door, etc.

(62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	1	Ø
	Deployment	4	Ø
	Failure	1	Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	Ø	Ø
	Use	Ø	Ø
	Type	Ø	Ø
	Proper Use	Ø	Ø
	Failure Modes	Ø	Ø

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly

- with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	04	00	04
	Used in this crash?	04	00	04
	Proper Use	1	0	1
	Failure Modes	1	0	1
SECOND	Availability	4	/	4
	Evidence of usage	00		14
	Used in this crash?	00		14
	Proper Use	0		1
	Failure Modes	0		1
OTHER	Availability	4	3	4
	Evidence of usage	00	03	00
	Used in this crash?	00	03	00
	Proper Use	0	1	0
	Failure Modes	0	1	0

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used - type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	3					
2. Child Safety Seat Orientation	12					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	12					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model		Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1	Ø	1
	Seat Type	Ø 1	Ø Ø	Ø 1
	Seat Performance	1	Ø	1
	Seat Orientation	1	Ø	1
SECOND	Head Restraint Type/Damage	Ø		Ø
	Seat Type	Ø 5		Ø 5
	Seat Performance	1		1
	Seat Orientation	1		1
THIRD	Head Restraint Type/Damage	Ø	Ø	Ø
	Seat Type	Ø 5	Ø 5	Ø 5
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



INTERVIEW FORM (A)

1. Primary Sampling Unit Number _____

Interviewee(s) Role or Name(s): R/P Occupant2. Case Number - Stratum DS1-95-SF0253. Vehicle Number 01

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

The right front occupant (wife of driver) stated that they were traveling west on _____ Avenue. They were one block from the intersection of _____ and _____ on a green light, when the other car, which was traveling north drove through the red light. My husband tried to steer to the right to avoid the accident but the other car hit us in the left side. We spun around ending up near the northwest corner of the intersection. The other car continued through the intersection and hit a building on the same corner of the intersection. When I was help out of the van and sat down in the back of the van was the first time I realized that the liftgate came open during the accident. I saw the stroller that was in the back of the van 15 to 20 feet in front of the van (at final rest).

What was the injuries of the people in the van?

My Husband had a cut on his left elbow, a neck strain and a strain back (whole back).

My self had a lower back strain, and both knees bruised.

My one year old daughter had a bruise on the left side of the neck. She was seating in a child seat and I believe that the harness of the seat contact her neck.

Do you know what kind of child safety seat?
The seat is a _____ for infants and toddlers.

My three year old son had bruises on the left and right pelvic areas. He was seating in the third seat in the center and was wearing the lap belt.

What are the heights and weights of all that were in the van?

My Husband is 5'8" and 215 pounds
I'm 5'5" and 160 pounds
My daughter is 31" and 25 pounds
My son is 43" and 40 pounds



INTERVIEW FORM (B)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-95-SP-025

3. Vehicle Number 01

Interviewee(s) Role or Name(s): R/F OCCUPANT

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☐ South ☐ East ☒ West

(Optional - Where were you coming from or going to?)

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☐ [1] ☐ [2] ☐ [3] ☐ [4] ☐ Other (specify):

CENTER LANE

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☐ 1-10 ☐ 10-20
☒ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☒ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☐ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): _____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No
☐ Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

☐ No - Go to question 7
☒ Yes - Go to question 6a

6a. What actions did you take?

☐ Braking with lock-up
☐ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☒ Steering right
☐ Other (specify): _____

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☐ Different travel lane
☒ In intersection ☐ Off roadway to right
☐ Off roadway to left
☐ Other (specify): _____

8. Was your travel speed at the time of the collision different from your previous travel speed?

☒ No
☐ Lower
☐ Higher
☐ Unknown

8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☐ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

MOVE TO THE RIGHT -
SPINNING AROUND

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

ONE - THE OTHER CAR

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

DS1-95-SP-425

4. Occupant Number

02

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1 9 9 4 PLYMOUTH VOYAGER
 Year Make Model

2. Can you describe the damage to your vehicle?

THE LEFT SIDE

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☐ No☒ Yes (If "Yes", describe below)REAR LIFTGATE

5. Did any of the windows break during the accident?

☐ No☒ Yes (If "Yes", describe below)LEFT FRONT DOOR & THE
NEXT ONE BACK

6. Does your vehicle have a glove compartment?

☐ No☒ Yes

6a. Did the glove compartment door come open during the accident?

☒ No☐ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Front seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Front seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat left	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder

(Identify seat belts for third row and beyond)

CENTER SEAT - LAP

7b. Were any of the belts removed or not functional prior to the accident?

☒ No☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)☐ Yes (If "Yes", what seat location?)☐ Left Front☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No☐ Yes☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☒ No (go to question 10)☐ Yes

9a. Does this belt come across the _____?

☐ Chest only☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No☐ Yes☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)☒ Yes (go to question 10a)☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☒ No (go to questions 10b and 10c)☐ Yes (go to question 10e)

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

DSI-95-SP-425

4. Occupant Number

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

☒ No☐ Yes (If "Yes", describe previous condition)☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

☒ No (go to question 11)☐ Yes (go to question 10d)☐ Unknown

10d. Was the air bag re-installed after the accident?

☒ No (go to question 11)☐ Yes☐ Unknown

10e. Did the air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

☒ No (If "No", go to question 12)☐ Yes (If "Yes", go to question 11a)☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

☐ No (go to question 11b)☐ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe below)☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

☐ No (go to question 12)☐ Yes (go to question 11d)☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

☐ No (go to question 12)☐ Yes☐ Unknown

11e. Did the passenger air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

☐ No (If "No", go to question 13)☒ Yes☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

☐ Infant☐ Toddler☒ Convertible☐ Booster☐ Other (specify):☐ Unknown

12c. Where was the child safety seat(s) located?

☐ [12] ☐ [13]☐ [21] ☐ [22] ☒ [23]☐ [31] ☐ [32] ☐ [33]☐ [Other] (specify):

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing☒ Forward facing,☐ Other (specify):☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)☒ Yes (If "Yes", go to question 12f)☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☒ Looped through designated rear framing struts?☐ Looped through arm rest slots?☐ Belt across safety shield?☐ Looped through rear frame outside the designated framing struts?☐ Other (specify):☐ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☒ Harness☒ Shield☐ Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number - Stratum

DS1-95-5A-025

4. Occupant Number

02

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

☐ Yes

(specify _____)

☒ No☐ Unknown

12i. Were any of these items used during the accident?

☒ Yes (If "Yes", check all that apply)☒ Harness☒ Shield☐ Tether strap☐ No☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

16. May I take a look at your vehicle to assess the damage?

☐ No☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

☐ No (If "No", go to question 14)☐ Yes (If "Yes", go to question 13a)☐ Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

_____ miles

DRIVER ONLY

17. What race do you consider yourself?

☐ White☐ Black☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander☐ Other (specify: _____)☐ Unknown.

18. Are you of hispanic origin?

☐ No☐ Yes



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-SP-025

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

32

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

173Code actual height to the nearest
centimeter.

(999) Unknown

68 inches X 2.54 = 173 centimeters

8. Occupant's Weight

098Code actual weight to the nearest
kilogram.

(999) Unknown

215 pounds X .4536 = 098 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION ENTRAPMENT

12. Ejection Ø

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area Ø

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium Ø

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) Ø

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment Ø

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 4

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ϕ ϕ ϕ

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat ϕ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ϕ ϕ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(1,1) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ϕ ϕ 32. Child Safety Seat Shield Usage ϕ ϕ 33. Child Safety Seat Tether Usage ϕ ϕ

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 0 0

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 0 4

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) L

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

BEST AVAILABLE

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []

STOP - VARIABLES TO BE COMPLETED BY THE ZONE

Belt Use Determination

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 7
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
51. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 9 7
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO_3
 (96) ABGs reported, HCO_3 unknown
 (97) Injured, details unknown
 (99) Unknown if injured

53. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed 1
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum

DSI-95-SP-025

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted0 24. Date of Accident
(Month, Day, Year)WINTER / WEEKEND 9 5

5. Time of Accident

AFTERNOON

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that
has been completed; code 1 for the checked special
studies and 0 for the special studies not checked.

6. ____ SS15 Administrative Use

0

7. ____ SS16 Pedestrian Crash Data Study

0

8. ____ SS17 Impact Fires

0

9. ____ SS18 _____

0

10. ____ SS19 _____

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident0 2Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>1 3</u>	15. <u>L</u>	16. <u>0 2</u>	17. <u>0 3</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>0 2</u>	21. <u>0 3</u>	22. <u>F</u>	23. <u>5 9</u>	24. <u>0 0</u>	25. <u>0</u>
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo
area (rear of trailer or
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-SP-025

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown94

5. Vehicle Make (specify):

PLYMOUTHApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown09

6. Vehicle Model (specify):

VOYAGERApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown442

7. Body Type

Note: Applicable codes may be found on
the back of this page.20

8. Vehicle Identification Number

2 P 4 G H 2 5 3 3 R R X X X X X X
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown1

10. Police Reported Travel Speed

Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown999 mph X 1.6093 = kph

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown0

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown96Source:

ACCIDENT RELATED

13. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown04025 mph X 1.6093 = 040 kph

14. Attempted Avoidance Maneuver

(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):07

(99) Unknown

15. Accident Type

Applicable codes may be found on the
back of page two of this field form(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):89

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 4
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 4

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1 4 8 0
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
0 3 2 6 9 lbs X .4536 = 1 4 8 3 kgs
 Source: _____
20. Vehicle Cargo Weight 0 0 0 0
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 2 7 0
28. Heading Angle For Other Vehicle 0 0 0

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER
II. Same Trafficway Same Direction	D. Rear-End	20 STOPPED 21, 22, 23	22 21 23	24 SLOWER 25, 26, 27	26 25 27	28 DECEL. 29, 30, 31
	E. Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.
	F. Sideswipe Angle	44 45	46 45 47	48 SPECIFICS OTHER	49 SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	50 LATERAL MOVE	51 (EACH • 52) SPECIFICS OTHER	53 (EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 CONTROL/ TRACTION LOSS	57 CONTROL/ TRACTION LOSS	58 AVOID COLLISION WITH VEH.
	I. Sideswipe Angle	64 LATERAL MOVE	65 (EACH • 66) SPECIFICS OTHER	67 (EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME DIRECTIONS	70 71	72 73	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K. Turn Into Path	76 TURN INTO SAME DIRECTION	77 78	79 TURN INTO OPPOSITE DIRECTIONS	80 81	82 83 (EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	86 87	88 89	90 (EACH • 90) SPECIFICS OTHER	91 (EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	92 BACKING VEH.	93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest)

3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Highest

32. Lateral Component of Delta V ⁺00 1 211.66 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

33. Energy Absorption

0 1 0 7 0 010650.4 Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

Highest

30. Total Delta V

0 1 211.71 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V⁺0 0 0 1-1.02 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(± 160) ± 159.5 kph and above
(999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)4

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

1

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [☐] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [☐] NO

37. Police Reported Other Drug Presence φ

- (0) No other drug(s) present
- (1) Yes (other drug(s) present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>φ</u>
Depressant Drug	42. <u>φ</u>	43. <u>φ</u>
Stimulant Drug	44. <u>φ</u>	45. <u>φ</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>φ</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>φ</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>φ</u>
Inhalant Drug	52. <u>φ</u>	53. <u>φ</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>φ</u>

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver φ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

39. Other Drug Specimen Test Type For Driver φ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
 (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
 (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 (42) Tree (> 10 cm in diameter)
 (43) Shrubbery or bush
 (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 (55) Impact attenuator
 (56) Other traffic barrier (includes guardrail)
 (specify): _____

- (57) Fence
 (58) Wall
 (59) Building
 (60) Ditch or culvert
 (61) Ground
 (62) Fire hydrant
 (63) Curb
 (64) Bridge
 (68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (79) Object fell from vehicle in-transport
 (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 6 6*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions _____
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss _____

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown _____

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

BEST AVAILABLE

**National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	

VEHICLE IDENTIFICATION

VIN 2 P 4 G H 2 5 3 3 R R X X X X X X Model Year 94
Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): VOYAGER

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
Ø1	163 cm REAR OF FRONT AXLE	148 cm REAR OF FRONT AXLE

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

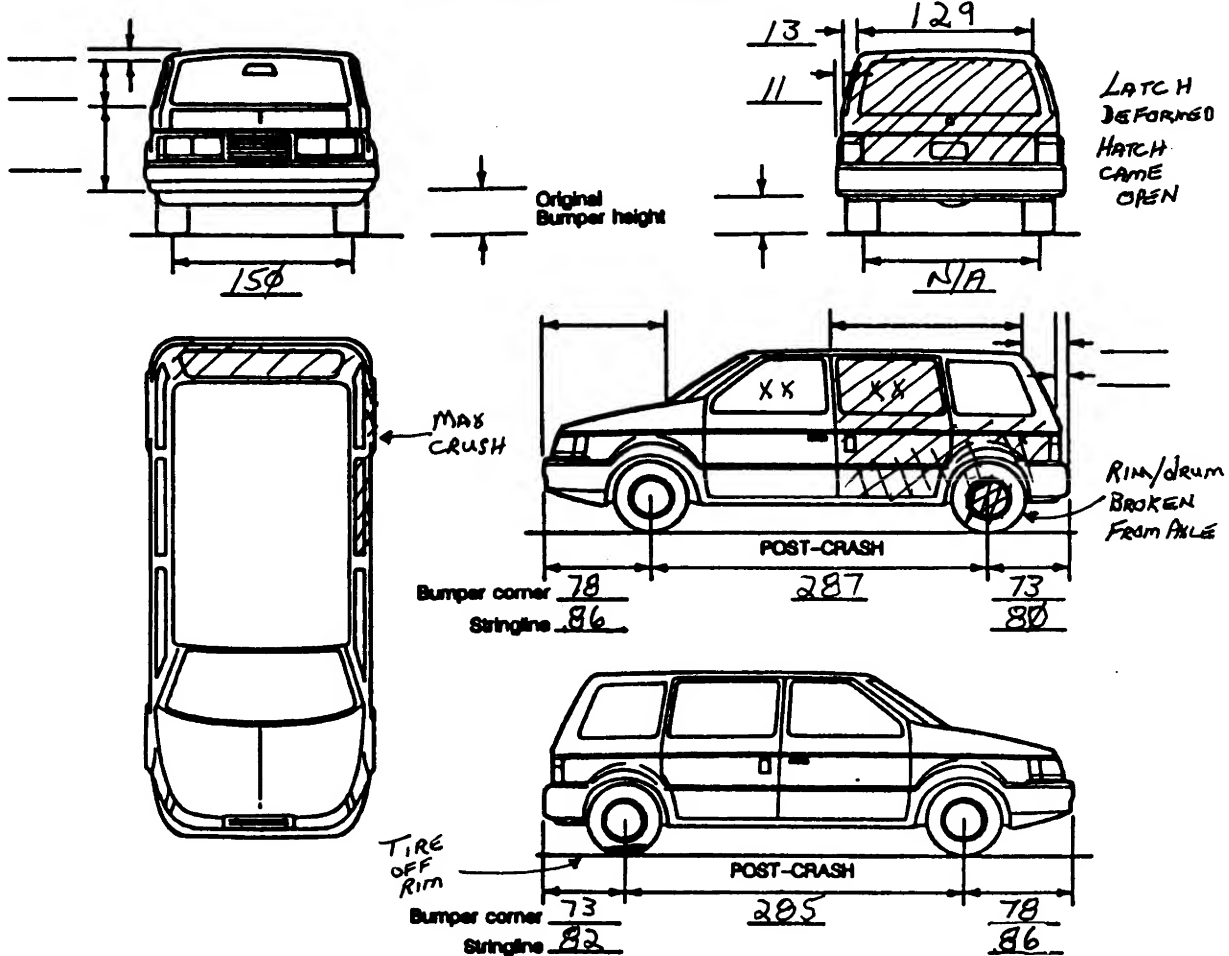
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>1</u> <u>2</u> . <u>2</u> inches	x 2.54 =	<u>2</u> <u>8</u> <u>5</u> cm
Overall Length	<u>1</u> <u>7</u> <u>8</u> . <u>3</u> inches	x 2.54 =	<u>4</u> <u>5</u> <u>3</u> cm
Maximum Width	<u>Ø</u> <u>6</u> <u>9</u> . <u>7</u> inches	x 2.54 =	<u>1</u> <u>7</u> <u>7</u> cm
Curb Weight	<u>Ø</u> <u>3</u> . <u>2</u> <u>6</u> <u>9</u> pounds	x .4536 =	<u>1</u> . <u>4</u> <u>8</u> <u>3</u> kg
Average Track	<u>Ø</u> <u>6</u> <u>1</u> . <u>Ø</u> inches	x 2.54 =	<u>1</u> <u>5</u> <u>5</u> cm
Front Overhang	<u>Ø</u> <u>3</u> <u>3</u> . <u>9</u> inches	x 2.54 =	<u>Ø</u> <u>8</u> <u>6</u> cm
Rear Overhang	<u>Ø</u> <u>3</u> <u>2</u> . <u>3</u> inches	x 2.54 =	<u>Ø</u> <u>8</u> <u>2</u> cm
Undeformed End Width	<u>Ø</u> <u>6</u> <u>1</u> . <u>4</u> inches	x 2.54 =	<u>1</u> <u>5</u> <u>6</u> cm
Engine Size: cyl./displ.	<u>3</u> <u>Ø</u> <u>Ø</u> <u>Ø</u> cc	x .001 =	<u>3</u> . <u>Ø</u> L
	<u>1</u> <u>8</u> <u>4</u> CID	x .0164 =	<u>3</u> . <u>Ø</u> L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>1</u>		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>1</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>285</u> cm Overall Length <u>453</u> cm Maximum Width <u>177</u> cm Curb Weight <u>1483</u> kg Average Track <u>155</u> cm Front Overhang <u>86</u> cm Rear Overhang <u>82</u> cm Undeformed End Width <u>156</u> cm Engine Size: cyl./displ. <u>3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u> </u> ° LF \pm <u> </u> ° RR \pm <u> </u> ° LR \pm <u> </u> ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0</u> kg	

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>φ 1</u>	5. <u>φ 2</u>	6. <u>φ 9</u>	7. <u>L</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>φ 2</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ± D

195 φφφ φφ8 φ16 φ14 φ11 φφφ + φ87

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ± D

_____ + _____

_____ - _____

26. Are CDCs Documented but Not Coded on The Automated File? φ

(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 285
Code to the nearest centimeter
(999) Unknown

112.2 inches X 2.54 = 285 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank-1

33. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location

35. Fuel Tank-2 Location

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle) left
side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____

- (9) Unknown

36. Fuel Tank-1 Filler Cap Location

37. Fuel Tank-2 Filler Cap Location

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on
left side plane
(3) Aft of center of the rear wheels (rear axle) on
right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear axle)
on left side plane
(7) Over the center of the rear wheels (rear axle)
on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage

39. Fuel Tank-2 Damage

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____

- (9) Unknown

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

42. Fuel Type-1

0 / 1

43. Fuel Type-2

0 0*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DS1-95-SP-0254. Occupant Number 01

INJURY DATA

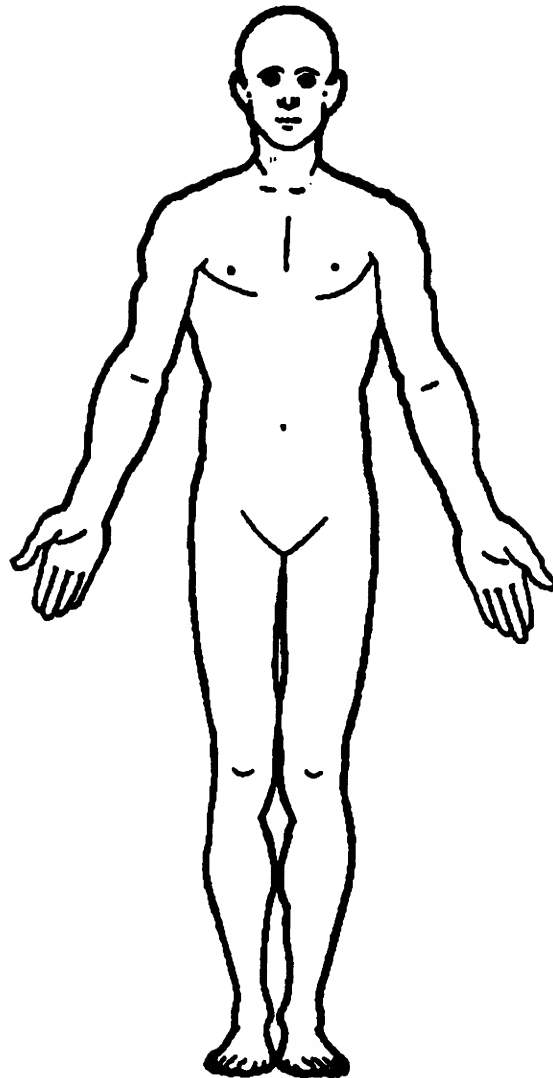
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9		
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
st	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>92</u>	13. <u>1</u>	14. <u>3</u>	15. <u>00</u>	<u>847.0</u>
nd	16. <u>7</u>	17. <u>6</u>	18. <u>4</u>	19. <u>04</u>	20. <u>78</u>	21. <u>1</u>	22. <u>7</u>	23. <u>92</u>	24. <u>1</u>	25. <u>3</u>	26. <u>00</u>	<u>847.1</u>
d	27. <u>7</u>	28. <u>6</u>	29. <u>4</u>	30. <u>06</u>	31. <u>78</u>	32. <u>1</u>	33. <u>8</u>	34. <u>92</u>	35. <u>1</u>	36. <u>3</u>	37. <u>00</u>	<u>847.2</u>
h	38. <u>7</u>	39. <u>7</u>	40. <u>9</u>	41. <u>06</u>	42. <u>00</u>	43. <u>1</u>	44. <u>2</u>	45. <u>91</u>	46. <u>1</u>	47. <u>3</u>	48. <u>00</u>	<u>881.01</u>
	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

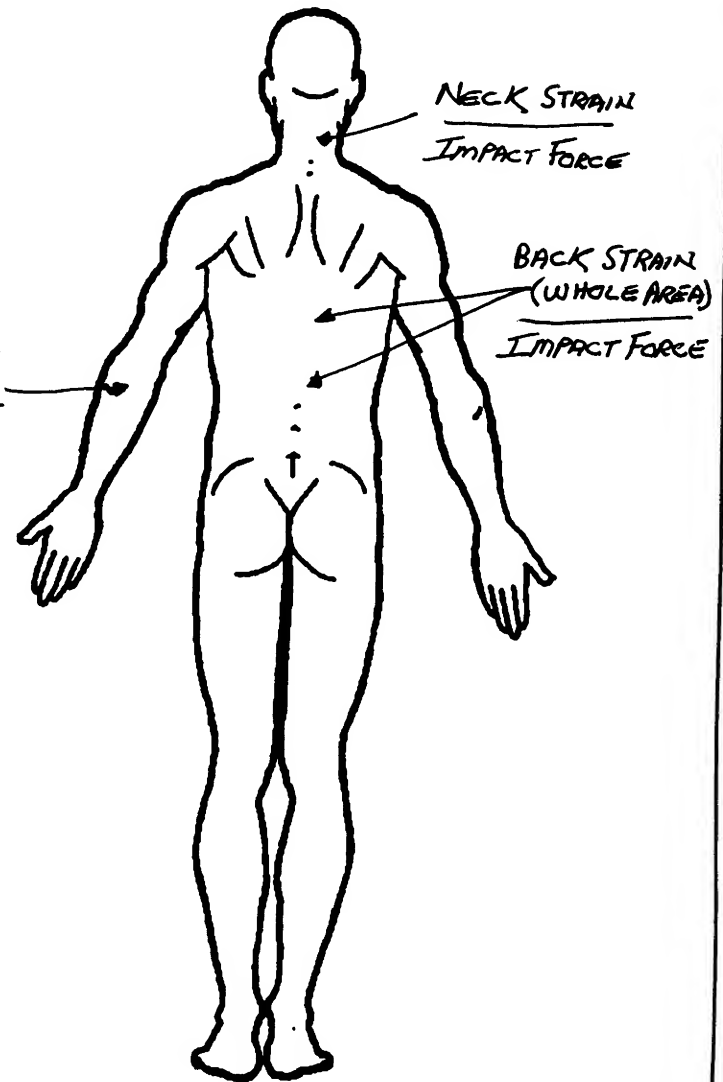
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



LACERATION,
LEFT ELBOW
FLYING GLASS



OFFICIAL INJURY DATA — SKELETAL INJURIES

BEST AVAILABLE

Restrained?

___ No
___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

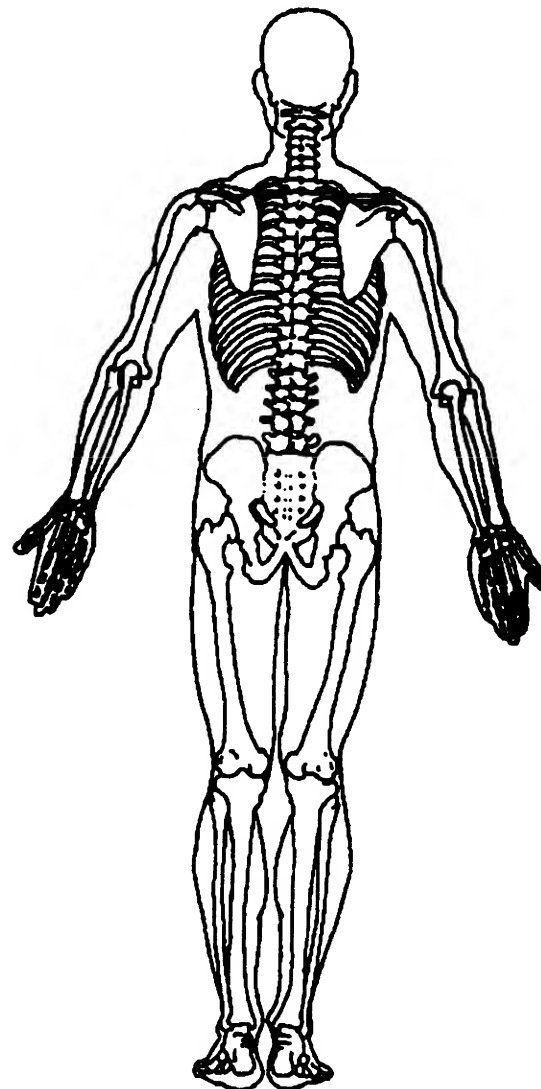
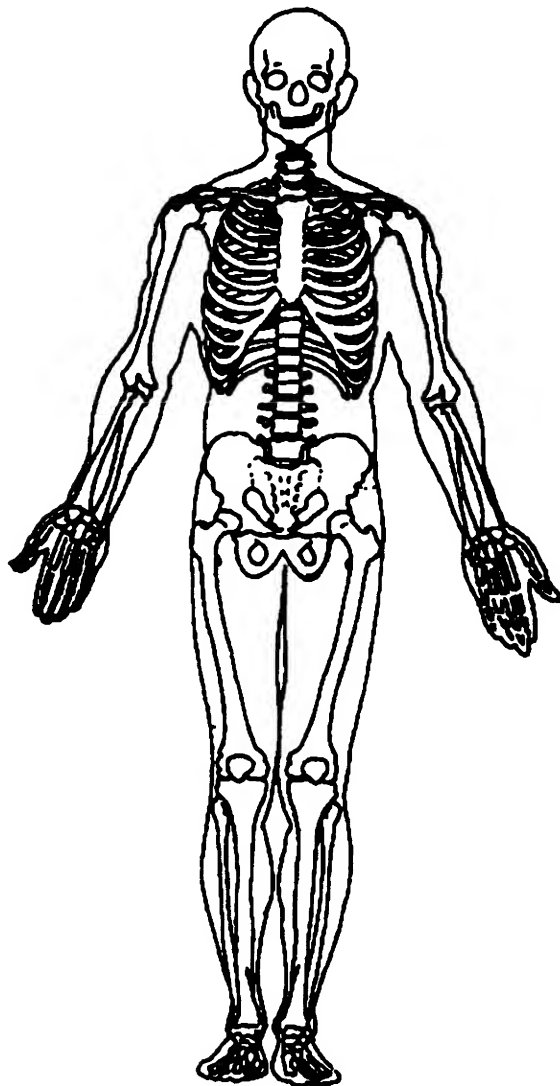
pH = ___

PO₂ = ___

PCO₂ = ___

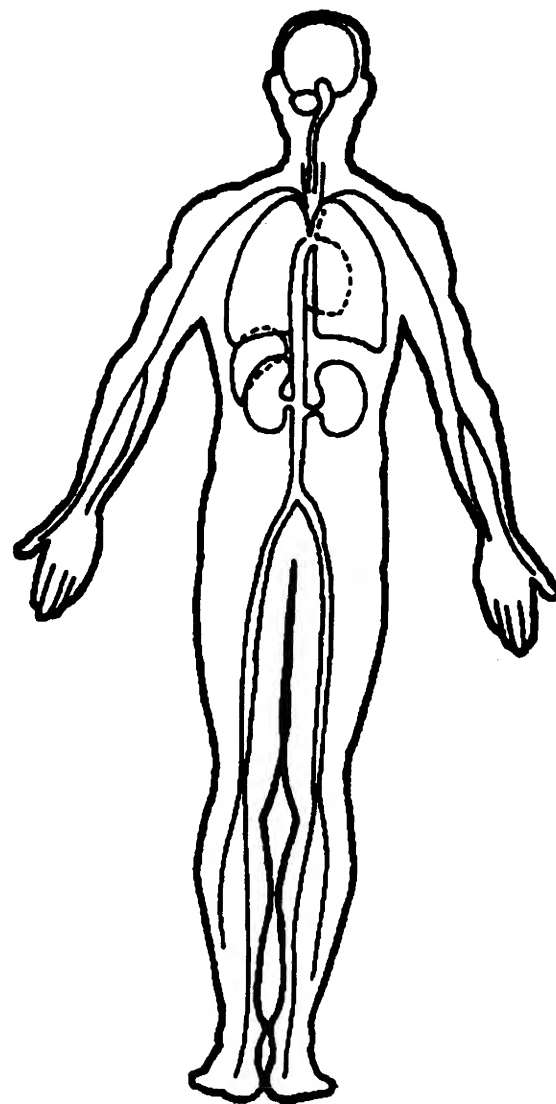
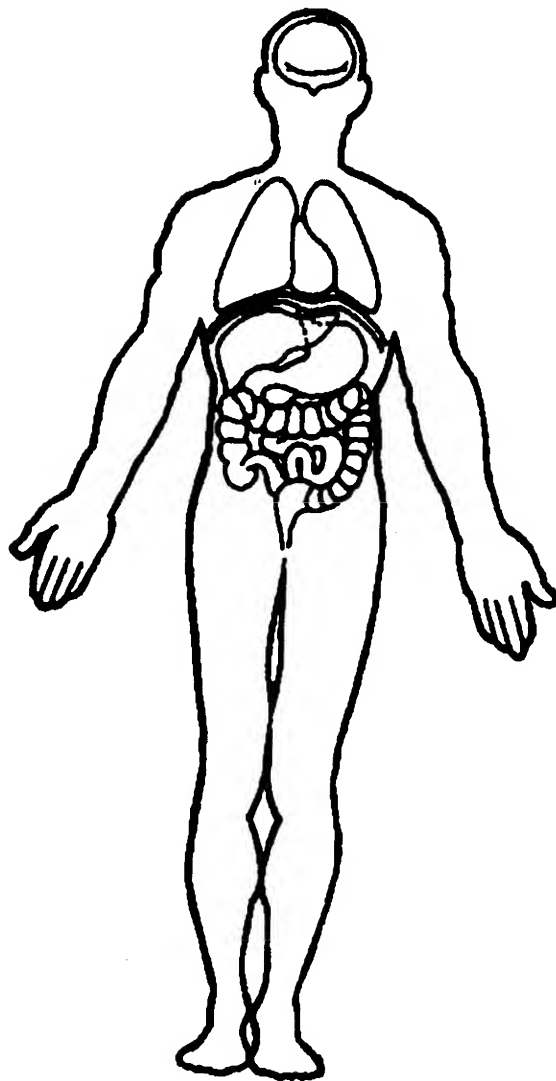
HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): IMPACT FORCE
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones

Joint are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

65 inches X 2.54 = 165 centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

160 pounds X .4536 = 73 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

BEST AVAILABLE

EJECTION ENTRAPMENT

12. Ejection Ø

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area Ø

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium Ø

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) Ø

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment Ø

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown _____

26. Seat Type (this Occupant Position) 01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type) _____

(99) Unknown _____

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown _____

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ~~Ø~~ ~~Ø~~ ~~Ø~~

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat ~~Ø~~

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ~~Ø~~ ~~Ø~~

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ~~Ø~~ ~~Ø~~32. Child Safety Seat Shield Usage ~~Ø~~ ~~Ø~~33. Child Safety Seat Tether Usage ~~Ø~~ ~~Ø~~Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease-(specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 0 0

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 0 3

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/****Function**☒

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use☒

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type☒

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System☒

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

 (8) Other improper use of automatic belt system (specify):

 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident☒

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):

 (9) Unknown

49. Seat Orientation (this Occupant Position)☒

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [☒] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

STOP - VARIABLES 50 THROUGH 52 ARE
COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 7
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 9 7
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



OCCUPANT INJURY FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

DS1-95-SP-425

4. Occupant Number

INJURY DATA

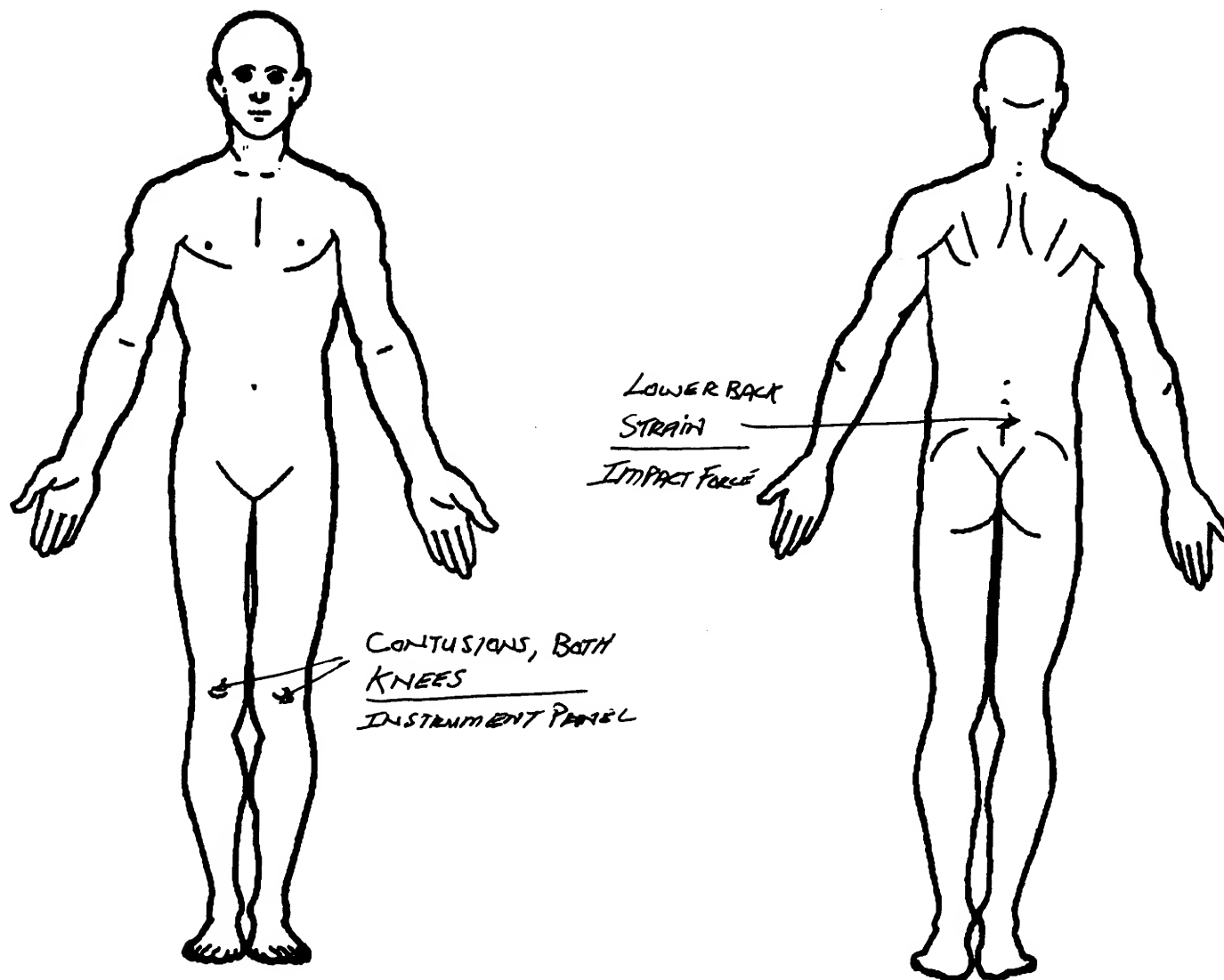
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
1st	5. 7	6. 6	7. 4	8. 06	9. 78	10. 1	11. 8	12. 92	13. 1	14. 3	15. 00	947.2
2nd	16. 7	17. 8	18. 9	19. 04	20. 02	21. 1	22. 1	23. 11	24. 1	25. 1	26. 00	924.11
3rd	27. 7	28. 8	29. 9	30. 04	31. 02	32. 1	33. 2	34. 11	35. 1	36. 1	37. 00	924.11
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

BEST AVAILABLE

Restrained?

___ No

___ Yes

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood Gases

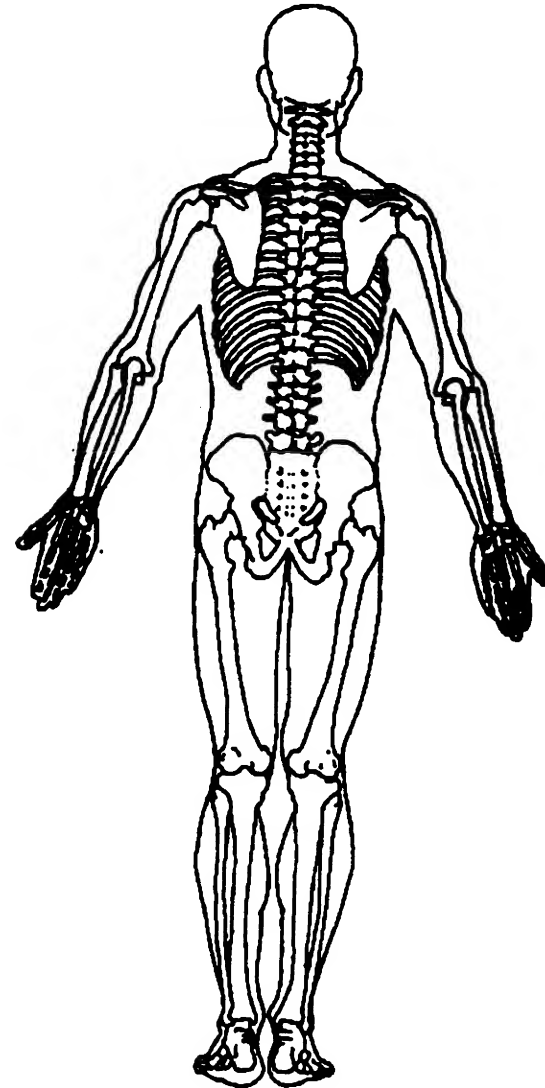
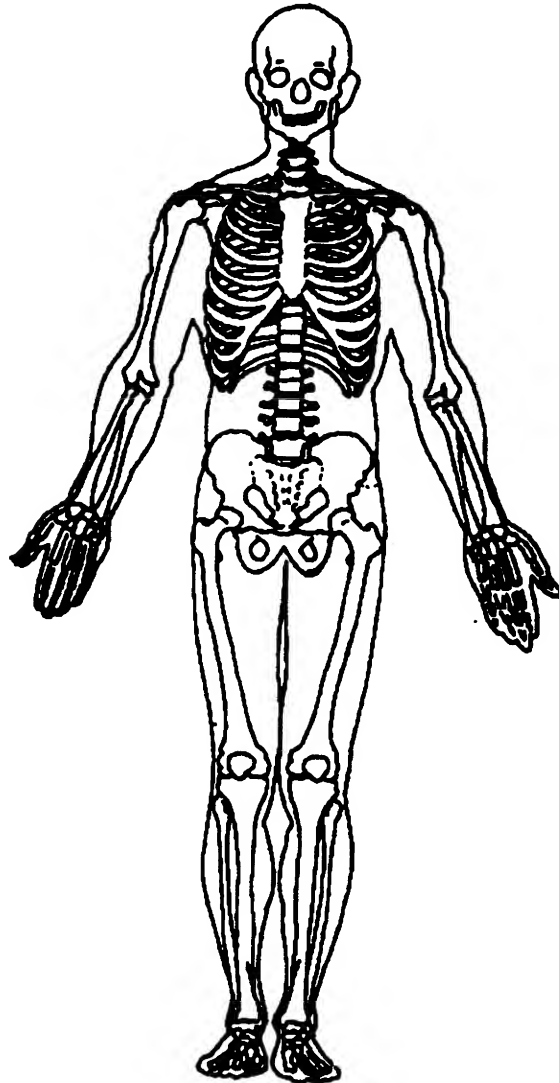
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

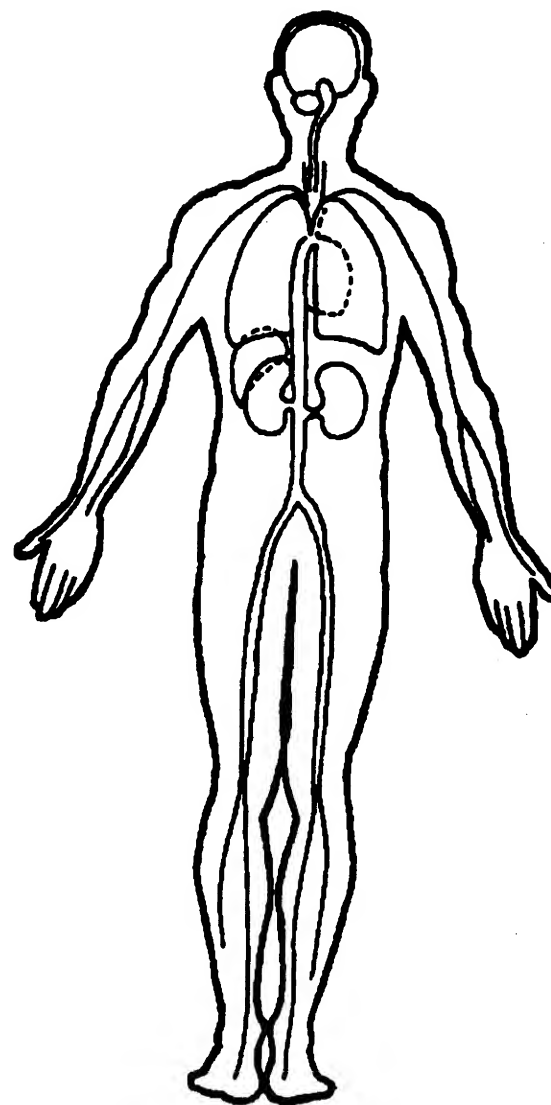
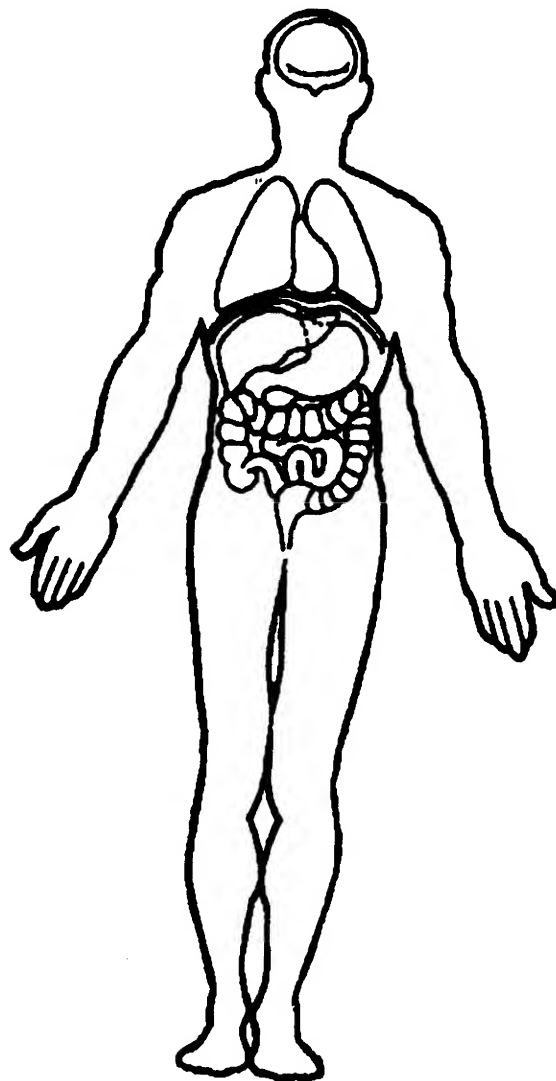
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): IMPACT FORCE
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DS1-95-SP-025

3. Vehicle Number

01

4. Occupant Number

03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

01

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

079Code actual height to the nearest
centimeter.

(999) Unknown

31 inches X 2.54 = 079 centimeters

8. Occupant's Weight

011Code actual weight to the nearest
kilogram.

(999) Unknown

025 pounds X .4536 = 011 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 14

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 2

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 6

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 0 5

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 2 2 5

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 3

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 1 2

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 1 232. Child Safety Seat Shield Usage 1 233. Child Safety Seat Tether Usage 0 3Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease-(specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 0 1

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [☒] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify):

- [] Unknown if belt used

BEST AVAILABLE

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

STOP. VARIABLES 50 THROUGH 52 ARE
COMPLETED BY THE ZONE REPORTER.

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 7
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 9 7
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____

3. Vehicle Number 012. Case Number - Stratum DS1-95-SP-0054. Occupant Number 03

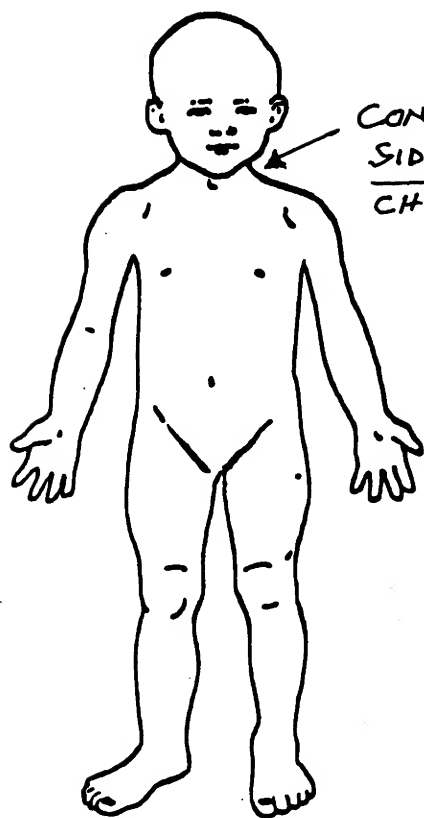
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

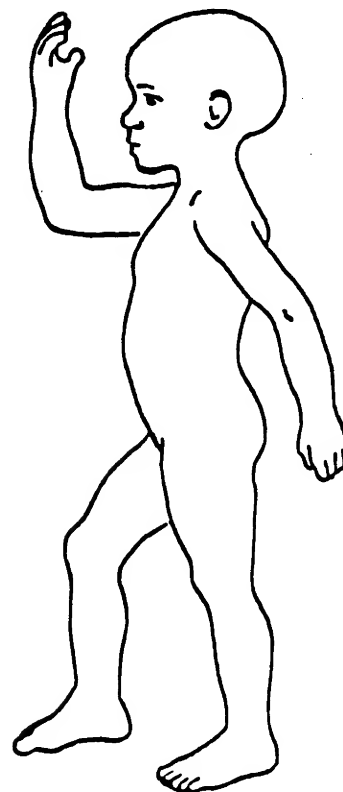
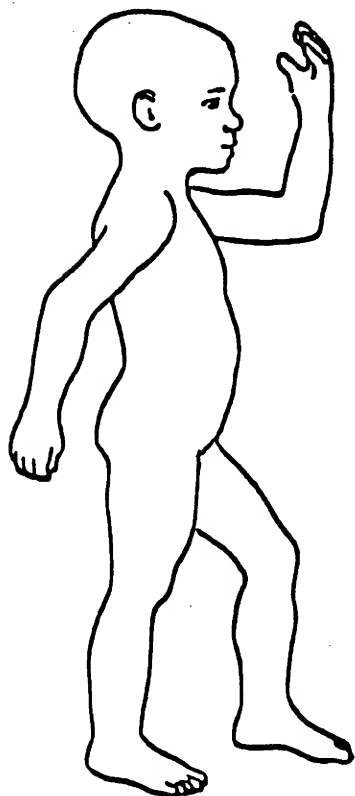
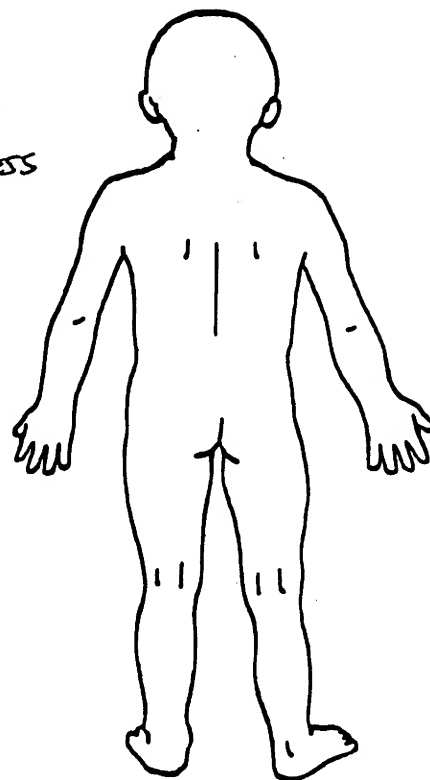
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
1st	5. <u>7</u>	6. <u>3</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>48</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>920</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____	
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____	
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	

SOFT TISSUE INJURIES

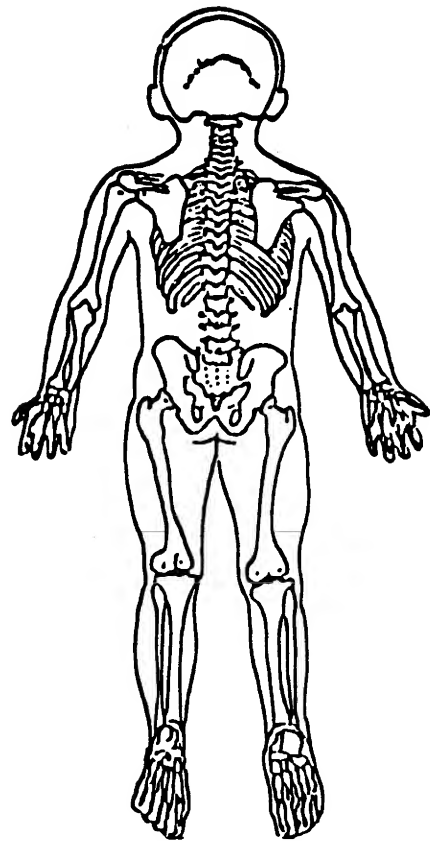
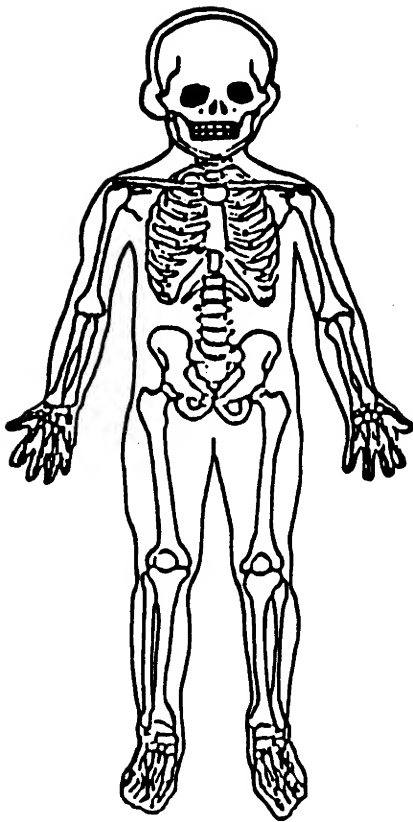
BEST AVAILABLE



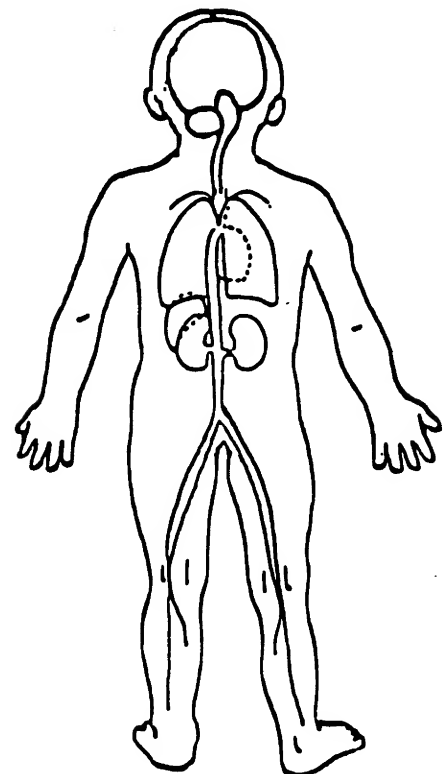
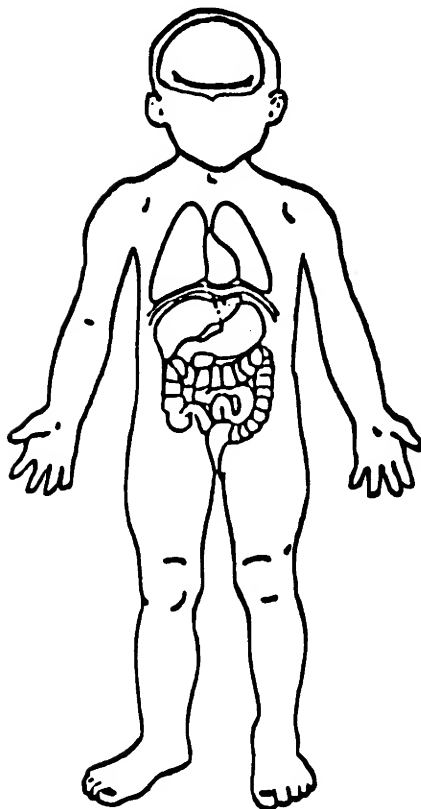
CONTUSION, LEFT
SIDE OF NECK
CHILD SEAT'S HARNESS



SKELETAL INJURIES



INTERNAL ORGAN INJURIES



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

BEST AVAILABLE

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

43 inches X 2.54 = 109 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

144 pounds X .4536 = 65.3 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

BEST AVAILABLE

EJECTION ENTRAPMENT

12. Ejection ☒

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ☒

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ☒

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ☒

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ☒

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position φ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) φ 5

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Ø Ø Ø
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat Ø
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation Ø Ø
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage Ø Ø

32. Child Safety Seat Shield Usage Ø Ø

33. Child Safety Seat Tether Usage Ø Ø

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

BEST AVAILABLE

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease-(specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 0 2

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [☒] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

BEST AVAILABLE

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES []

UPDATE CANDIDATE?

NO ☒ YES []

STOP - VARIABLES 50 THROUGH 52 ARE
COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 7
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 9 7
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

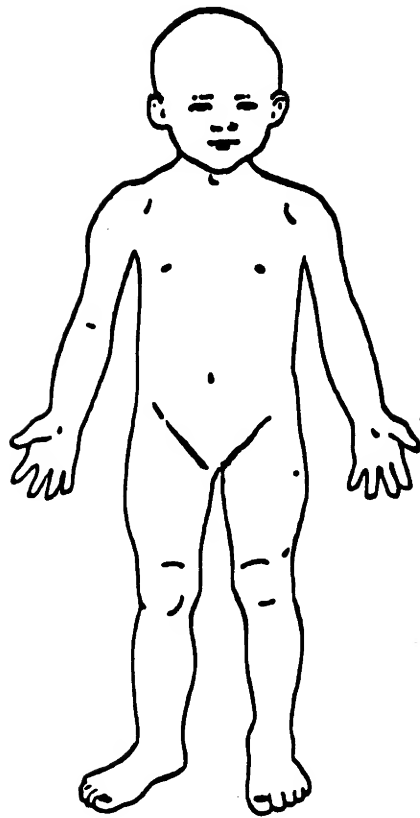
3. Vehicle Number 012. Case Number - Stratum DS1-85-SP-0254. Occupant Number 04

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

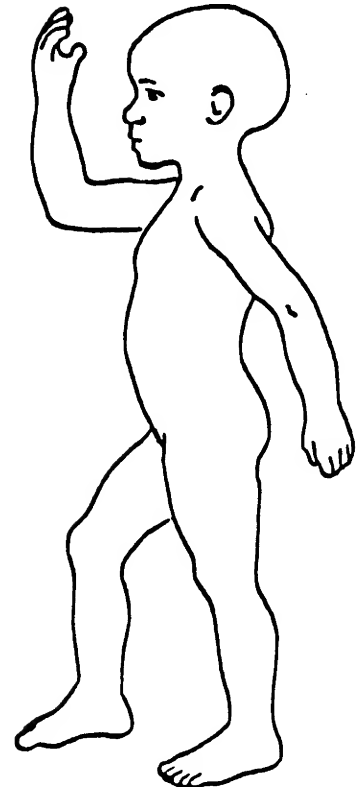
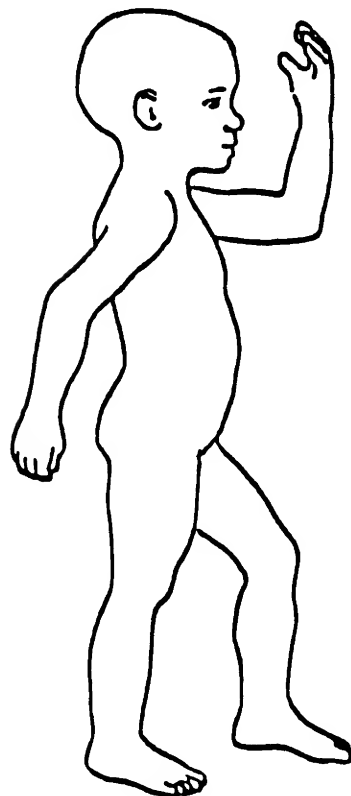
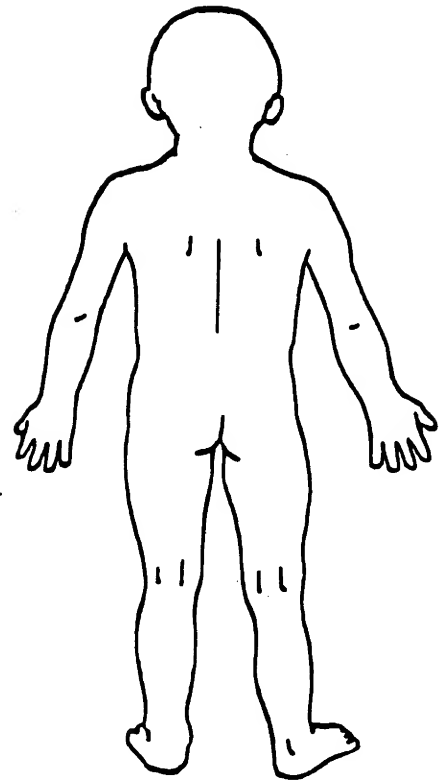
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
1st	5. <u>7</u>	6. <u>5</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>41</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	<u>922.2</u>
2nd	16. <u>7</u>	17. <u>5</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>41</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>	<u>922.2</u>
3rd	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____	36. _____	37. _____	
4th	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____	48. _____	
5th	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	55. _____	56. _____	57. _____	58. _____	59. _____	
6th	60. _____	61. _____	62. _____	63. _____	64. _____	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	
7th	71. _____	72. _____	73. _____	74. _____	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	
8th	82. _____	83. _____	84. _____	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	
9th	93. _____	94. _____	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	
10th	104. _____	105. _____	106. _____	107. _____	108. _____	109. _____	110. _____	111. _____	112. _____	113. _____	114. _____	

SOFT TISSUE INJURIES

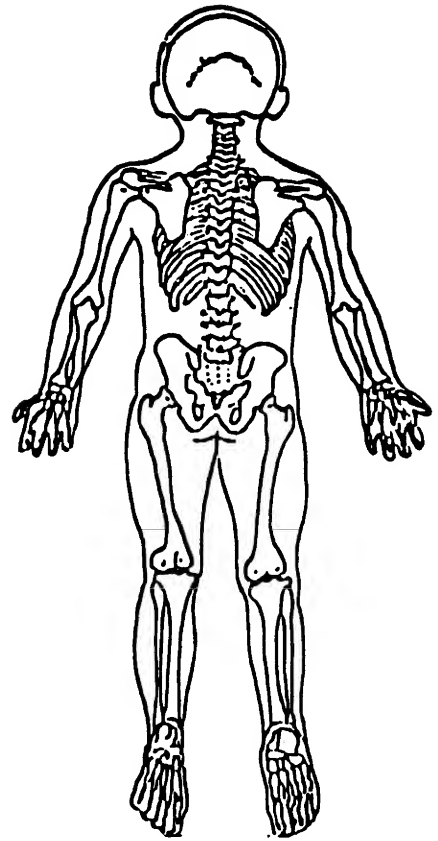
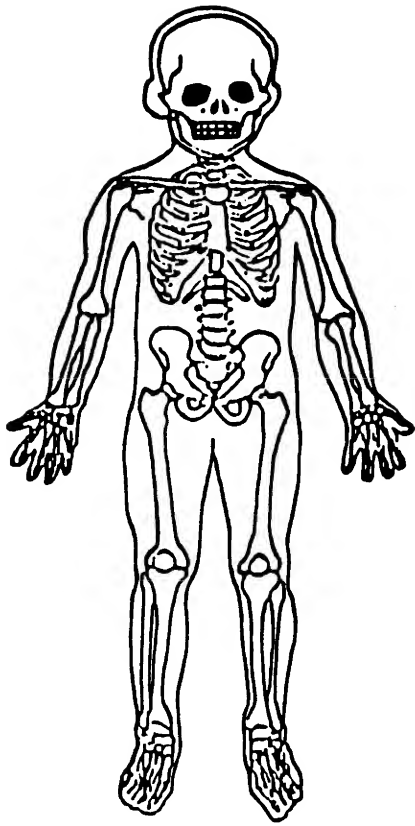


CONTUSIONS,
LEFT & RIGHT
PELVIC AREA
(SKIN)

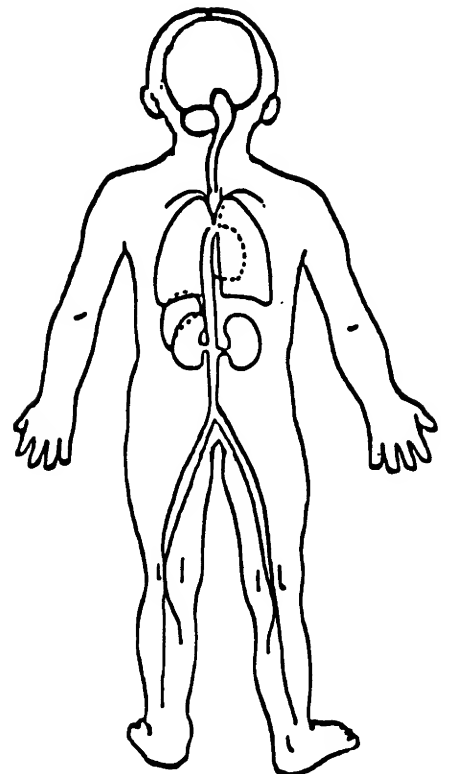
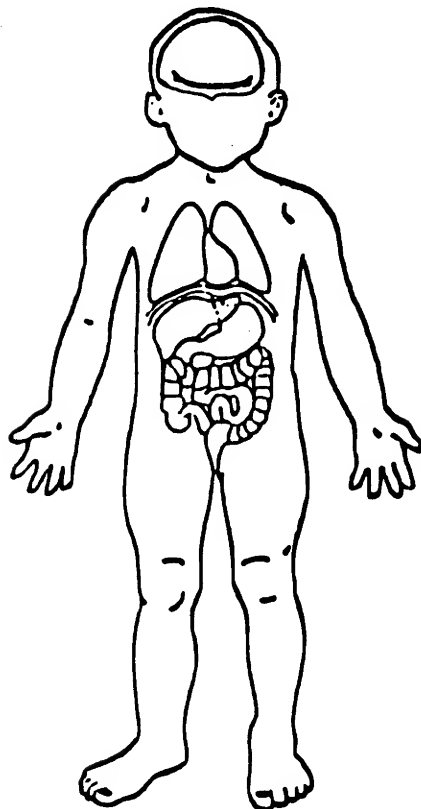
LAP BELT



SKELETAL INJURIES



INTERNAL ORGAN INJURIES



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface

- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

BEST AVAILABLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

DSI-95-SP-025

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

14MERCURYApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

017SABLEApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

04Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1MECM504NA XXXXXX

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

1(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

999Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)

(160) 159.5 kph and above

(999) Unknown

___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence

0(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) UnknownNote: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

96Code actual value (decimal implied
before first digit—0.xx)(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit

040

(000) No statutory limit

Code posted or statutory speed limit
in kph

(999) Unknown

25 mph X 1.6093 = 040 kph

14. Attempted Avoidance Maneuver

99(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

88Applicable codes may be found on the
back of page two of this field form

(00) No impact

Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

BEST AVAILABLE

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

BEST AVAILABLE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1430
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
03159 lbs X .4536 = 1433 kgs
 Source: _____
20. Vehicle Cargo Weight 9990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0

(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)

(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 026. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____

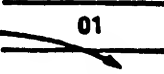

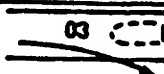
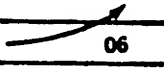


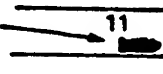


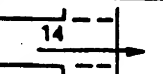
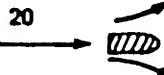
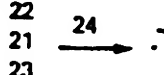
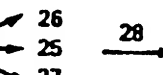
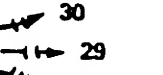
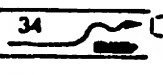

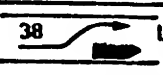
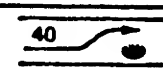
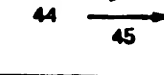

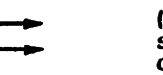
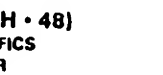



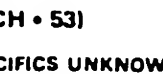

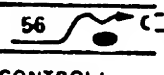
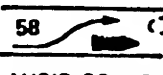
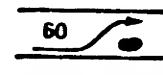



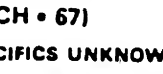
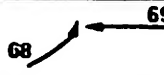
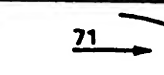
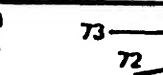

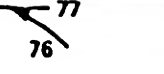
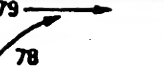
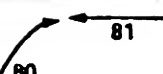
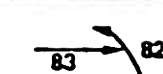
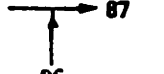


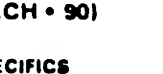
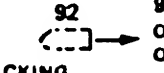



(7) Medium/heavy truck or bus override

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 00028. Heading Angle For Other Vehicle 270

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 26 DECEL. 28, 29, 30, 31	 30 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 SIDESWIPE ANGLE	 46 SIDESWIPE ANGLE	 48 SIDESWIPE ANGLE	 49 SIDESWIPE ANGLE	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 51 HEAD-ON	 52 HEAD-ON	 53 HEAD-ON	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	 65 SIDESWIPE ANGLE	 66 SIDESWIPE ANGLE	 67 SIDESWIPE ANGLE	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL SAME DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 77 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 79 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 STRAIGHT PATHS	 87 STRAIGHT PATHS	 88 STRAIGHT PATHS	 89 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 94 OTHER ACCIDENT TYPE	 95 UNKNOWN ACCIDENT TYPE	96 Other Accident Type 97 Unknown Accident Type 98 No Impact

29. Basis for Total Delta V (highest)

3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Highest

32. Lateral Component of Delta V ⊖ ⊖ ⊖ 1-1.15 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(_999) Unknown

33. Energy Absorption ⊖ 1 1 5 0 011467.2 Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

⊖ 1 313.19 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V⊕ ⊖ 1 3-13.14 Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(_999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)4

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

⊖

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

2

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence ϕ

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver ϕ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver ϕ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. ϕ	41. ϕ
Depressant Drug	42. ϕ	43. ϕ
Stimulant Drug	44. ϕ	45. ϕ
Hallucinogen Drug	46. ϕ	47. ϕ
Cannabinoid Drug	48. ϕ	49. ϕ
Phencyclidine (PCP)	50. ϕ	51. ϕ
Inhalant Drug	52. ϕ	53. ϕ
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. ϕ	55. ϕ

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
 (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
 (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 (42) Tree (> 10 cm in diameter)
 (43) Shrubbery or bush
 (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 (55) Impact attenuator
 (56) Other traffic barrier (includes guardrail)
 (specify): _____

- (57) Fence
 (58) Wall
 (59) Building
 (60) Ditch or culvert
 (61) Ground
 (62) Fire hydrant
 (63) Curb
 (64) Bridge
 (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (79) Object fell from vehicle in-transport
 (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OTHER DATA

56. Driver's Zip Code

9 9 9 9 9

- (00000) Driver not present
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin

9

- (0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify): _____
(9) Unknown

58. Vehicle Special Use (This Trip)

0

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

0

- (0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify): _____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation

0

- (0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted

0 0

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

0

- (0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(8) Non-contact rollover forces (specify): _____
(9) Unknown

63. Direction of Initial Roll

0

- (0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

0 1

- (01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

17

This Vehicle Loss of Control Due To:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

9

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

9

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number _____

2. Case Number - Stratum DSI-95-SP-0253. Vehicle Number 024. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 28

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 999Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 11*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

BEST AVAILABLE

EJECTION/ENTRAPMENT

12. Ejection ϕ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area ϕ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium ϕ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) ϕ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment ϕ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 9

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 9 9

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 9

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 9

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

BEST AVAILABLE

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

99

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 9

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 9 9

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant _____

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 9 9

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 9 9

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 9

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 9

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 9

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 9

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 9

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

- ☒ Unknown if belt used

BEST AVAILABLE

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 9 9
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 9
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 9 9
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 9
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

BEST AVAILABLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OLDMISS PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit DSI-95-SP-025 Case No.-Stratum 01 Accident Event Sequence No. 95 Date (Month, day, year) of Run

OLDMISS Vehicle Identification

Vehicle 1 1994 PLYMOUTH VOYAGER
Vehicle 2 1992 MERCURY SABLE
Year Make Model NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1	VEHICLE 2
Size <u>4</u>	Size <u>3</u>
Weight <u>1483</u> + <u>200</u> + <u>0</u> = <u>1683</u> kg Curb Occupant(s) Cargo (<u>3710 lbs</u>)	Weight <u>1438</u> + <u>61</u> + <u>0</u> = <u>1499</u> kg Curb Occupant(s) Cargo (<u>3294 lbs</u>)
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>L</u> Vehicle 1	Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>F</u> Vehicle 2
Vehicle Heading Angles At Impact, in Degrees <u>0</u> <u>0</u> <u>0</u> ° Vehicle 1	Vehicle Heading Angles At Impact, in Degrees <u>0</u> <u>9</u> <u>0</u> ° Vehicle 2
Stiffness Category for Vehicle <u>4</u> Vehicle 1	Stiffness Category for Vehicle <u>3</u> Vehicle 2

DAMAGE INFORMATION

For Which Vehicle Is The Damage Known <u>1</u>	Crush Measurements Known Vehicle $\left(\begin{array}{c} 3.2 \\ 6.3 \\ 5.5 \\ 4.3 \\ 0 \end{array} \right)$	C ₁ <u>0</u> <u>0</u> <u>0</u> cm C ₂ <u>0</u> <u>0</u> <u>8</u> cm C ₃ <u>0</u> <u>1</u> <u>6</u> cm C ₄ <u>0</u> <u>1</u> <u>4</u> cm C ₅ <u>0</u> <u>1</u> <u>1</u> cm C ₆ <u>0</u> <u>0</u> <u>0</u> cm
PDOF for Known Vehicle in Degrees (-180 to +180) <u>± 085</u> °	Damage Midpoint Offset for Known Vehicle <u>± 089</u> cm <u>-(34.35)</u>	
Damage Length (L) for Known Vehicle <u>195</u> cm <u>(76.8)</u>	Estimated Damage Midpoint Offset for Unknown Vehicle <u>± 000</u> cm	

SUMMARY OF OLDMISPC RESULTS

DSI-95-SP-025

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	7.28 (11.71)	-.63 (-1.02)	7.25 (11.66)	275.00
VEH #2 (ESTIMATED)	8.20 (13.19)	-8.16 (-13.14)	-.71 (-1.15)	5.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	7856.1 (10650.4)	26022.4 (115747.5)
VEH #2 (ESTIMATED)	8458.6 (11467.2)	28420.9 (126416.2)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)			VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)		
	IN	(CM)		IN	(CM)
L-----	76.8	195.1	L-----	72.6	184.4
C1-----	.0	.0	C1-----	.0	.0
C2-----	3.2	8.1	C2-----	1.4	3.5
C3-----	6.3	16.0	C3-----	2.4	6.1
C4-----	5.5	14.0	C4-----	2.7	6.9
C5-----	4.3	10.9	C5-----	.0	.0
C6-----	.0	.0	C6-----	.0	.0
D-----	-34.3	-87.1	D-----	.0	.0

(DOFF ADJUSTED .0 INCHES
TO MATCH VEHICLE DIMENSION)

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	4	SIZE-----	3
STIFFNESS--	4	STIFFNESS--	3
SIDE-----	L	SIDE-----	F
HANGL-----	.0 DEG	HANGL-----	90.0 DEG
WEIGHT----	3710.0 LBS (1682.5 KG)	WEIGHT----	3294.0 LBS (1493.9 KG)
MASS-----	9.601 LB-SEC**2/IN (108.48 NT-SEC**2/CM)	MASS-----	8.525 LB-SEC**2/IN (96.31 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3741.0 IN**2 (24135.4 CM**2)	GYRATION--	3324.0 IN**2 (21445.1 CM**2)

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: *WINTER, WEEKEND*
2. Police Investigated 1
(1) Yes
(2) No
(3) Unknown

Agency:
City:
County:
3. General Locality 2
(1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields
4. Configuration (First Harm) 4
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown
5. Fire Involved ϕ
(0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown
6. Vehicles Involved 2
7. Persons Involved 5
8. Injured Persons 4
9. Maximum AIS in Accident 1

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: *195*
11. Reason Vehicle Not Inspected 1
(0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:
12. Impact Data Obtained 4
(0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory
13. Basis of Delta-V 3
(0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDMISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle? 2
(1) Yes
(2) No
(9) Unknown
15. Has Any Prior Maintenance or Service Been Performed on System 2
(1) Yes
(2) No
(9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: *NONE*
VIN: *2P4GH2533RRXXXXXX*
Mileage: *15,757 km (9791 mi)*

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition ☒
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
17. Driver's Report of Pre-Impact Flashing ☒
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown
18. Period of Pre-Impact Flashing ☒
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown
19. Post-Impact Lamp Condition ☒
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown
20. Post-Impact Flashing ☒
(00) No Flashing Reported
(01) Continuous Flashing
(02) _____
Number of Flashes: _____
(11) _____
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

21. Airbag Vehicle First Harmful Event ☒
(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport
(same roadway)
(14) Motor vehicle in transport
(other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role ☐ 2
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene ☐ 2
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events ☐ 2
(8) 8 or more
(9) Unknown
25. Rollover ☐ ϕ
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underride ☐ ϕ
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, damaged
(2) No damage
(9) Unknown

27. Left Front Fender Damage ☐ ϕ
28. Right Front Fender Damage ☐ ϕ
29. Center Top of Grille Damage ☐ ϕ

FRONT BUMPER E.A. STATUS

30. Left ☐ 9
31. Right ☐ 9
(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration ☐ 4
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC:

34. Object Contacted: 1992 MERCURY SABLE

PRIMARY/DEPLOYMENT IMPACT: N/A

35. Event Number ☐
36. Total Delta-V ☐
37. Longitudinal Delta-V ☐
38. Configuration ☐ ϕ
See 32 above for codes
39. CDC:
40. Object Contacted:

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

41. Airbag Module
42. Left Front Sensor
43. Center Front Sensor
44. Right Front Sensor
45. Rear Cowl Sensor
46. Diagnostic Module
47. Wiring
48. Knee Diverter
49. Indication of disconnected
or loose electrical
connectors
50. Condition of Deployed Bag
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown

2

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2

2

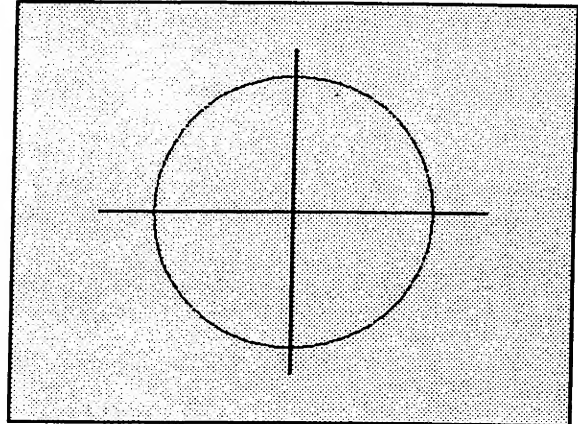
2

8

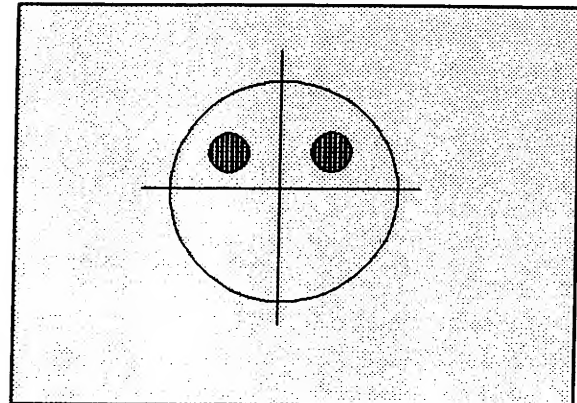
DESCRIBE SYSTEM AND BAG DAMAGE:

**NOTE DAMAGE AND CONTACT MARKS ON
AIRBAG DIAGRAMS BELOW:**

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

4

52. Number of Injured Persons

4

53. Maximum AIS in Airbag Vehicle

(0) No Injury

(1-6) AIS Severity

(7) Injured, unknown severity

(9) Unknown

1**DRIVER**

Age:

Sex: *MALE*

54. Number of Driver Injuries

4

55. Source of Best Injury Data

(0) Not injured

(1) Autopsy

(2) Hospital Medical Records

(3) Emergency Room only

(4) Private physician, clinic

(5) Lay Coroner Report

(6) EMS Personnel

(7) Interviewee

(8) Police

(9) Unknown

7**MAXIMUM AIS BY BODY REGION**

REGION	MAX AIS	CONTACT
--------	---------	---------

Head/Neck/Face	<u>1</u>	<u>92</u>
----------------	----------	-----------

Chest	_____	_____
-------	-------	-------

Abdomen	_____	_____
---------	-------	-------

Legs/Hips	_____	_____
-----------	-------	-------

Other (Arms)	_____	_____
--------------	-------	-------

Driver		
--------	--	--

Maximum	<u>1</u>	<u>92</u>
---------	----------	-----------

EJECTION

Extent:

Portal:
_____**OTHER VEHICLE:**Maximum AIS UNKPrime/Deploy Impact w AB Vehicle
Event Number N/A

CDC:

Total Delta V _____

Make:

Model Year:

Model:

Body Type:

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence: *INSPECTION*

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

POLICE ACCIDENT REPORT

31 DATE OF COLLISION: MONTH 01, DAY 10, YEAR 94

32 TIME (USE 2400 HRS.): 01:10

33 NO. OF VEHICLES: 2

34 NUMBER KILLED: 0

35 NUMBER INJURED: 4

36 MUNICIPAL CODE: 42

37 INTERSECTING STREETS: 52 MILE POST, 53 INTERSECTING STREET, ROAD, RAMP

38 DISTANCE FROM 1 OR 2 (DESIGNATE): 31

39 VEH. 1: 40 MAKE AND MODEL: 41 YEAR: 42 VIN: 43 PLATE: 44

45 VEH. 2: 46 MAKE AND MODEL: 47 YEAR: 48 VIN: 49 PLATE: 50

51 DRIVER'S FIRST NAME: 52 LAST NAME: 53 CITY: 54 STATE: 55 EXPIRES: 56 DRIVER'S LICENSE NUMBER: 57 STATE: 58 DOB: 59 MO: 60 DAY: 61 YR: 62 EYES: 63 SEX: 64

65 OWNER'S FIRST NAME: 66 LAST NAME: 67 CITY: 68 STATE: 69 EXPIRES: 70 DRIVER'S LICENSE NUMBER: 71 STATE: 72 DOB: 73 MO: 74 DAY: 75 YR: 76 EYES: 77 SEX: 78

79 VEHICLE REMOVED TO: 80 AUTHORITY: 81 OWNER: 82 DRIVER: 83 POLICE: 84

85 VEHICLE REMOVED TO: 86 AUTHORITY: 87 OWNER: 88 DRIVER: 89 POLICE: 90

91 INITIAL IMPACT: 92

93 UNDERCARRIAGE DAMAGE: 94 OVERTURNED: 95 TOTALLED: 96 NONE: 97 OTHER: 98

99 AREAS DAMAGED (REFER TO ABOVE): 100

101 SPEED POSTED: 102 TIRE MARKS: 103 YES: 104 NO: 105

106 ACCIDENT DESCRIPTION: 107

108 DAMAGE TO OTHER PROPERTY: 109

110 CHARGE: 111 SUMMONS NUMBER: 112

113 CHARGE: 114 SUMMONS NUMBER: 115

116 OFFICER'S SIGNATURE: 117

118 BADGE NUMBER: 119 REVIEWED BY (BADGE NUMBER): 120 STATUS: 121

122 NAMES-ADDRESSES OF OCCUPANTS-IF DECEASED DATE & TIME OF DEATH: 123

124 DRIVER #1: 125

126 DRIVER #2: 127

128 DRIVER #3: 129

130 DRIVER #4: 131

132 DRIVER #5: 133

134 DRIVER #6: 135

136 DRIVER #7: 137

138 DRIVER #8: 139

140 DRIVER #9: 141

142 DRIVER #10: 143

144 DRIVER #11: 145

146 DRIVER #12: 147

148 DRIVER #13: 149

150 DRIVER #14: 151

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154 DRIVER #16: 155

156 DRIVER #17: 157

158 DRIVER #18: 159

160 DRIVER #19: 161

162 DRIVER #20: 163

164 DRIVER #21: 165

166 DRIVER #22: 167

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702 DRIVER #492: 703

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725 DRIVER #515: 726

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741 DRIVER #531: 742

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747 DRIVER #537: 748

748 DRIVER #538: 749

749 DRIVER #539: 750

750 DRIVER #540: 751

751 DRIVER #541: 752

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855 DRIVER #645: 856

856 DRIVER #646: 857

857 DRIVER #647: 858

858 DRIVER #648: 859

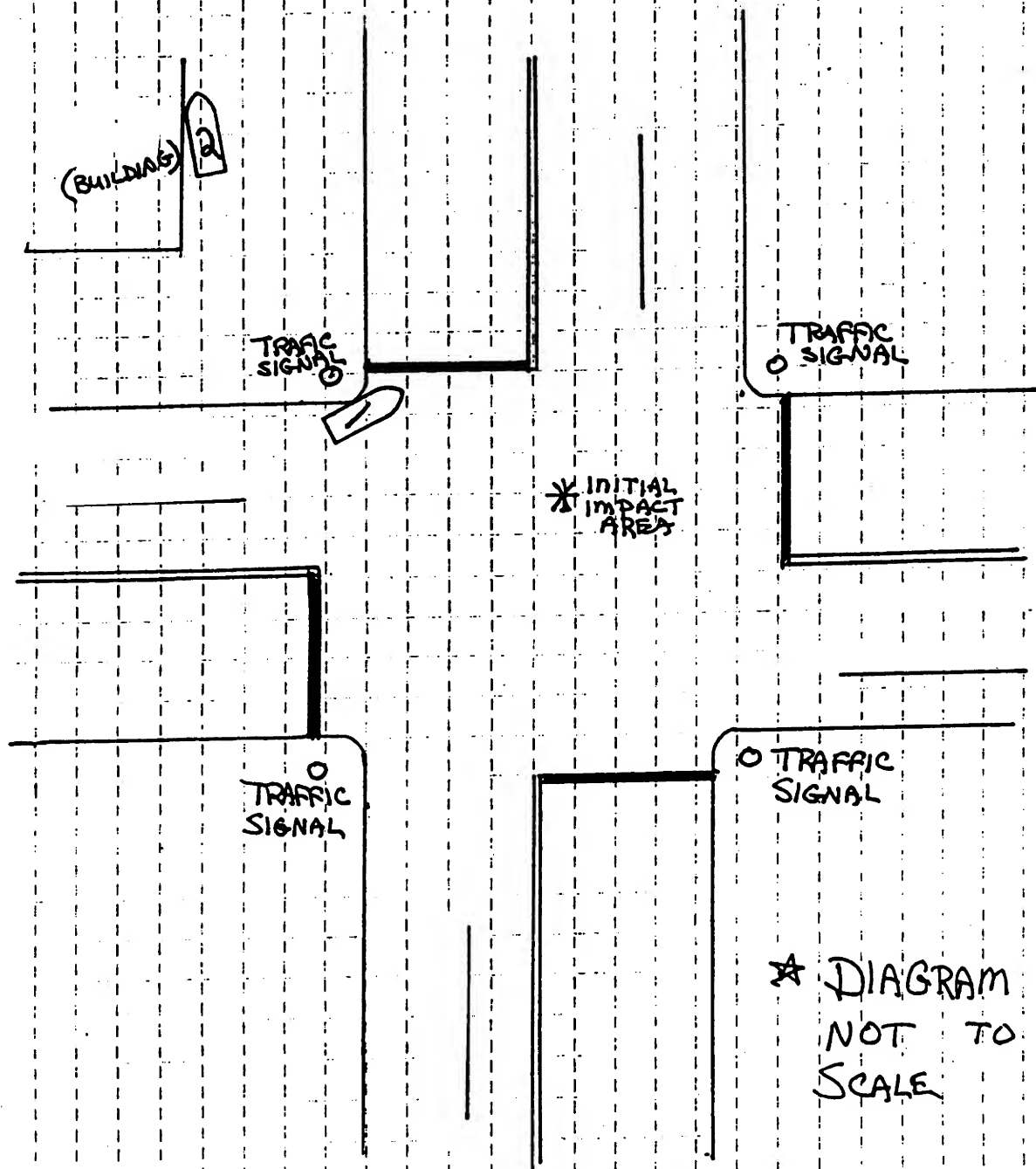
859 DRIVER #649: 860

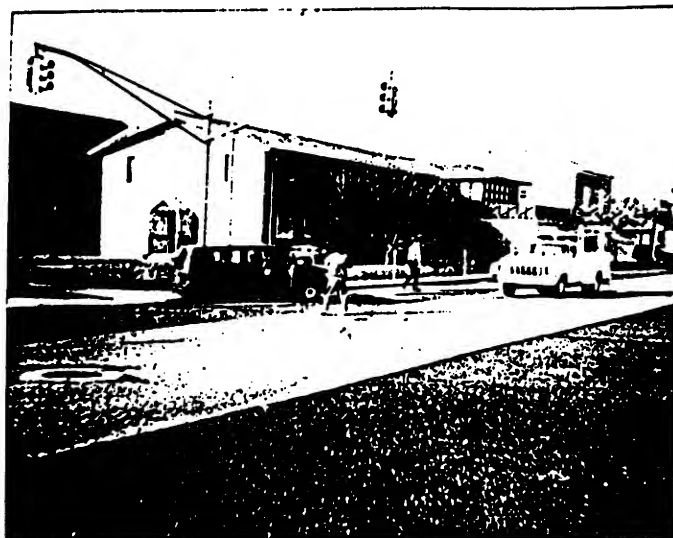
860 DRIVER

MOTOR VEHICLE ACCIDENT DIAGRAM

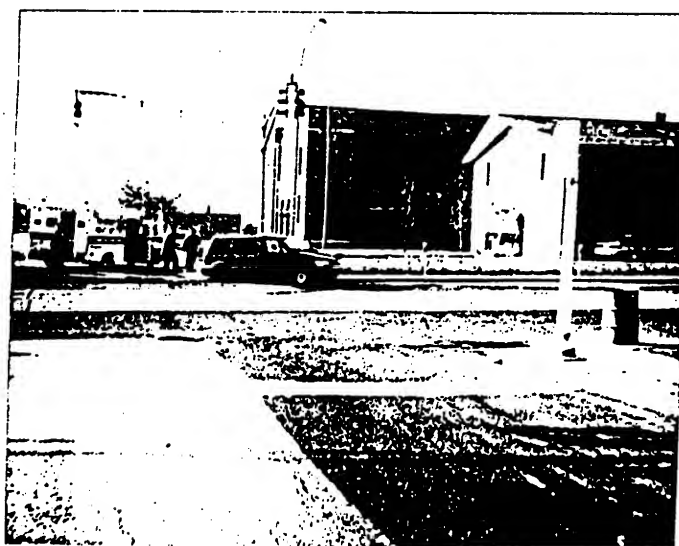
Police Agency
Station..... HQ Case No.

Show NORTH
by arrow





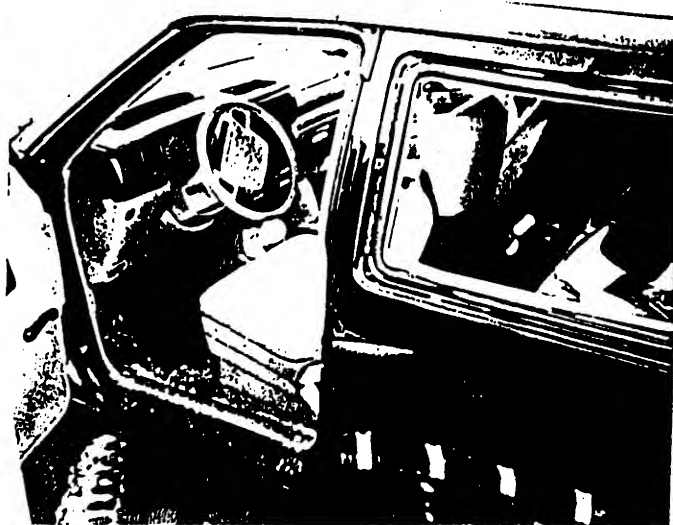
VIEW FROM SOUTHWEST CORNER
FACING NORTH + WEST.



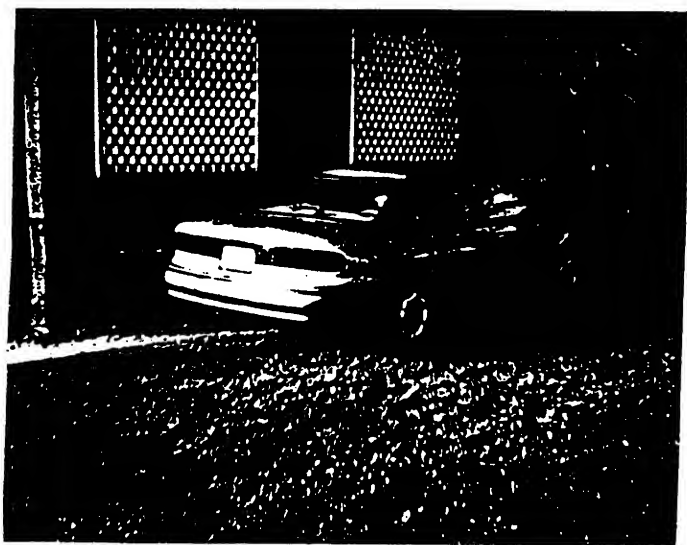
VIEW OF WEST BOUND FROM
O/B.



VEH. #1 VIEW FROM SIDE +
REAR.



VEH. #1 VIEW FROM SIDE.



VEH. #2 FROM REAR
AGAINST BLDG



VEH. #2 FROM FRONT
AGAINST BLDG.